



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES (“DIVISION” OR “DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO
REQUEST FOR QUALIFIED VENDOR APPLICATIONS (“RFQVA”) # DDD 710000
AND QUALIFIED VENDOR AGREEMENTS (“QVAs”)

RELEASED FOR 30-DAY PUBLIC COMMENT ON APRIL 2, 2013

COMMENT PERIOD CLOSES: 11:59 P.M. ON MAY 2, 2013

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

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Changes Made Throughout the RFQVA and QVA

1. References to “consumer” have been changed to “member”.
2. References to “Individual Support Plan” and “Individualized Family Service Plan” have been changed to “planning document”.
3. References to “Individual Support Plan Team” and “Individualized Family Service Plan Team” have been changed to “planning team”.

RFQVA Application Submittal Checklist

Has been reformatted and updated to reflect changes in Application documents.

SECTION 1: NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA)

Added

1. The website locations where the RFQVA is posted.
2. In order to ensure a complete submission of the Qualified Vendor Application, Applicants are advised to follow the instructions contained in the *Application Submittal Checklist* in the RFQVA.
3. The website locations where the Qualified Vendor Application and Directory System (“QVADS”) is posted.
4. An Applicant must request and receive a receipt from the Division when the hardcopy Qualified Vendor Application is submitted in person or by courier.
5. The website location where the Qualified Vendor Application User Manual is posted.

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SECTION 2: TABLE OF CONTENTS			
Added	Clarified/Changed	Moved	Removed
<div><div>1. The service of “Habilitation, Consultation”.</div><div>2. The service of “Transition to Employment”.</div><div>3. Replace Section 9, Attachment E, “Hardcopy Version of Assurances and Submittals” with the ADES “Data Sharing Request and Agreement”.</div></div>	<div><div>1. The name of the service “Habilitation, Music Therapy” is changed to “Habilitation, Music”.</div><div>2. The name of the service “Habilitation, Specialized Behavior” is changed to “Habilitation, Early Childhood Autism Specialized”.</div><div>3. The name of Section 9, Attachment I, “Contractors Pandemic Planning Checklist” is changed to “Contingency Plan”.</div></div>	<div><div>The renamed service of “Habilitation, Early Childhood Autism Specialized” from page 2-3 to page 2-2</div></div>	<div><div>1. The service of “Occupational Therapy, Early Intervention” due to the Department’s implementation of the Team-Based Early Intervention Services Model.</div><div>2. The service of “Physical Therapy, Early Intervention” due to the Department’s implementation of the Team-Based Early Intervention Services Model.</div><div>3. The service of “Speech Therapy, Early Intervention” due to the Department’s implementation of the Team-Based Early Intervention Services Model. .</div></div>

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SECTION 3: INSTRUCTIONS TO APPLICANTS

SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
Application Preparation <i>Section 3.2</i>	General <i>Section 3.2.1</i>	<ol style="list-style-type: none"> The Applicant must submit the Application in a sealed envelope of package labeled with the Applicant’s name and “RFQVA # DDD 710000”. If the Application is submitted in person or by courier, the person or courier must request and receive a receipt. If any of the Applicant’s responses to the Assurances and Submittals changes after award, changes must be made to the electronic Application via the Qualified Vendor Application and Directory System (“QVADS”), submitted in the QVADS, and printed out. All forms and documents indicated on the RFQVA Submittal Checklist, as appropriate, must contain original signatures where indicated. 		<ol style="list-style-type: none"> Information pertaining to inadequate hardcopy submittals will not be released for process and the electronic version needing to be complete and include readable information for each of the required elements in QVADS that conforms to the hardcopy is moved from <i>Section 3.7.2</i>, Evaluation Process, to here. Information pertaining to amending the QVA is moved from here to <i>Section 3.2.6</i>, Application Updates and Amendments. 	The reference to the hardcopy version of Assurances and Submittals as it is removed from the solicitation.
	Application Updates and Amendments <i>Section 3.2.6</i>	<p>Amendment to the QVA:</p> <ol style="list-style-type: none"> The Qualified Vendor must submit the amendment electronically in QVADS. The Qualified Vendor must also submit all documents and submittals associated with the proposed amendment, which may include, but is not limited to, an updated <i>Assurances and Submittals</i> form, a <i>Qualified Vendor Supported Developmental Home Third Party Agreement</i> (where applicable), and an updated <i>Business Plan</i>. The Qualified Vendor shall also submit a new Home and Community-Based 			

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
		Services (“HCBS”) Certificate reflecting the new service(s) being added.			
Independent Providers <i>Section 3.4</i>			<ol style="list-style-type: none"> 1. The title of the section is changed to “Individual” Independent Providers “and Professional Independent Providers”. 2. The definition of an Individual Independent Provider is amended to add that it means a person who is qualified to provide the service, does not utilize subcontractors, has a provider identification number, and has an individual service agreement with the Division. 3. A Professional Independent Provider is amended to add that it means a person who is licensed or certified under Title 32, Arizona Revised Statutes (“A.R.S.”), who provides services for members as a Qualified Vendor and is not an employee or a subcontractor of a provider agency. 		
Evaluation <i>Section 3.7</i>	Waiver and Rejection Rights <i>Section 3.7.4</i>		<i>Section 1:</i> “informality” is replaced with “defect or omission”; Notwithstanding any other provision of the RFQVA, the Division reserves the right to waive any minor defect or omission.		

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SECTION 5: SERVICE REQUIREMENTS / SCOPE OF WORK

Section	Requirements Added	Requirements Moved
Provider Qualifications <i>Section 5.1</i> <i>Section 5.1.10:</i> When transportation of the member is provided or is part of the service delivery	<ol style="list-style-type: none"> The Qualified Vendor must ensure that the vehicle is equipped with a working heating and air conditioning system, and a first aid kit. <i>Section 5.1.10.3</i> The Qualified Vendor must ensure that persons transporting members using wheelchairs have documentation that they have completed orientation on appropriate use of floor-mounted seat belts, wheelchair lock-downs, and wheelchair lifts. <i>A new Section 5.1.10.5</i> The Qualified Vendor must ensure that all methods of transportation allow for two-way radio or a cellular phone that is adequate for the range of vehicle utilization, as appropriate. <i>A new Section 5.1.10.10</i> 	
Staffing <i>Section 5.2</i>	<ol style="list-style-type: none"> The Qualified Vendor must ensure that direct service staff meets the training and responsibilities stipulated in A.A.C. R6-6-1520 through 1533, as applicable, in addition to meeting the qualifications stipulated in the Code. <i>Section 5.2.2</i> For the AHCCCS requirements for reporting the non-provision services for specified in-home services: <ol style="list-style-type: none"> The Qualified Vendor must have processes in place to ensure that appropriately trained additional staff is available within two hours of being reported when the primary staff person is not available and the service is critical to assure the maintenance of health and safety of the member receiving service. The Qualified Vendor must track and report gaps in Nursing services. For Nursing and for Individually Designed Living Arrangement Habilitation a gap in service means a lack of provider to meet the agreed-upon scheduled hours of a member. <i>Section 5.2.6</i> 	
Training <i>Section 5.3</i>	<ol style="list-style-type: none"> The Qualified Vendor must ensure that all direct service staff, including those who are a relative of the member served (family member), comply with the following standards and requirements before providing direct services alone with members: <ol style="list-style-type: none"> Hold certification in Cardiopulmonary Resuscitation (“CPR”) and first aid, <ol style="list-style-type: none"> Provided or sponsored by a Nationally-recognized organization, and Training sessions for all direct care staff in CPR and first aid must be in person for the participant to demonstrate learned 	<i>Section 5.3.5</i> pertaining to Direct Service Training Requirements. The requirements for Direct Care Worker Training and Testing are incorporated into the service specifications for Attendant Care and Homemaker (Housekeeping).

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Section	Requirements Added	Requirements Moved
	<p>skills such as mouth-to-mouth resuscitation, chest compressions, and first aid skills. Web-based training without the benefit of on-site return demonstration of skills is not acceptable.</p> <ul style="list-style-type: none"> b. Training on Article 9, Managing Inappropriate Behaviors (A.A.C. R6-6-906A.-G.) by instructors certified by the Division. The length of the class must be no less than three (3) hours. c. Training on “Client Intervention Techniques” (also known as “Prevention and Support Training”) by an instructor certified by the Division as indicated on the member’s planning document or as requested by the member, member’s representative, and/or the Division. d. The training must occur no later than ninety (90) calendar days of the date of hire with the agency. <p><i>Section 5.3.1</i></p>	
Delivery of Services <i>Section 5.4</i>	<ul style="list-style-type: none"> 1. Under no circumstance are direct service staff allowed to provide services in more than one (1) service category at the same time to one or more members. <i>A new Section 5.4.9</i> 2. QVA services must be provided by paid staff. <i>A new Section 5.4.10</i> 3. Arizona Long Term Care Services (“ALTCS”) cannot be used in place of or to supplant services provided under the Individuals with Disabilities Education Act, as amended by the Individuals with Disabilities Education Improvement Act of 2004. <i>A new Section 5.4.11</i> 	
Service (Prior) Authorization <i>Section 5.5</i>	<ul style="list-style-type: none"> 1. For the member authorized to receive in-home services, the member/member’s representative may request a change in specific caregivers at any time from the Qualified Vendor. <ul style="list-style-type: none"> a. If the Qualified Vendor does not or cannot provide an alternative or favored caregiver for in-home services, then it will be grounds for the Division to approve a change in vendors. <p><i>A new Section 5.5.7</i></p>	
Recordkeeping <i>Section 5.10</i>	<ul style="list-style-type: none"> 1. The Qualified Vendor must maintain on file documentation of successfully completed training in the documents. <i>A new Section 5.10.1.3</i> 2. The Qualified Vendor must maintain on file copies of vehicle maintenance records and safety inspections for all vehicles used to transport members. <i>A new Section 5.10.1.10</i> 3. Pertaining to proof of hours worked by direct service staff, the Qualified Vendor must: 	

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Section	Requirements Added	Requirements Moved
	<div><div><div>a.</div><div>Set out proof of hours worked by its direct service staff in time sheets or equivalent documents, or a data system, and</div></div><div><div>b.</div><div>Acknowledge that procuring and maintaining proof of hours worked by its direct service staff that has been appropriate signed or verified at or near the time the work is performed comprises a material part of the Qualified Vendor’s performance.</div></div><div><div>c.</div><div>Agree that an attestation, affidavit, or other method of proof that is made, signed, or verified after the Qualified Vendor submits the claim for payment will not be considered as proof of hours worked by its direct service staff.</div></div><div><div>d.</div><div>Failure on the part of the Qualified Vendor to procure and maintain proof of hours worked as set out in this Section and as in “Recordkeeping and Reporting Requirements” of <i>Section 7, Service Specifications</i>, for each service will be sufficient grounds for the Division to deny payment for service claimed but not confirmed as set out in this Section.</div></div></div> <div><i>A new Section 5.10.1.11</i></div>	

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SECTION 6: DES/DDD STANDARD TERMS AND CONDITIONS FOR QUALIFIED VENDORS

Section 6 has been reformatted adding line spacing between all Sections; for this reason, some language now appears on different pages.

SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
Definition of Terms <i>Section 6.1</i>		<p>New Definitions:</p> <ol style="list-style-type: none"> 1. “AHCCCS Minimum Subcontract Provisions” means the AHCCCS minimum requirements for the Division’s contractors and subcontractors providing services to members eligible for DD/ALTCS) and/or receiving Title XIX (ALTCS) funds. <i>A new Section 6.1.7.</i> 2. “Professional Independent Provider” means as a person who is licensed or certified under Title 32 of A.R.S., who provides services for members as a Qualified Vendor and is not an employee or a subcontractor of a provider agency. <i>A new Section 6.1.26.</i> 	<p><i>Language is added to the existing Section 6.1.21 (previously Section 6.1.20):</i> The definition of “Individual Independent Provider” means a person who is qualified to provide the service, has a provider identification number, and has an individual service agreement with the Division.</p> <p><i>Language is added to the existing Section 6.1.17 (previously Section 6.1.16):</i> References to rules, policies, or procedures of the Division shall be deemed to include all rules, policies, and procedures of the Department.</p>		
Agreement Administration and Operation <i>Section 6.3</i>	<u>Records</u> Section 6.3.1		<p><i>The existing Section 6.3.1.3 is changed:</i></p> <ol style="list-style-type: none"> 1. The term “reports” is replaced with the term “records”. 2. The language “or its attorneys (which may include, but is not limited to, requests relating to Adult Protective Services, Child Support Enforcement, or Child Protective Services)” is added after the Department. 3. References to “the Division” are removed. 4. The following stipulation is added: “Unless otherwise agreed to by attorneys for the Department, records requested by such attorneys are to be provided prior to or on the date set forth in the request. If the Qualified 		

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
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			Vendor receives the request less than seven (7) business days prior to the response date specified, the Qualified Vendor shall make diligent efforts to comply with the request, and call the requesting attorney regarding the status of its efforts to comply.		
	<u>Non-Discrimination</u> <i>Section 6.3.2</i>	The following stipulation at the beginning of the quotation: “Unless expressly waived by the Division”.			
	<u>Audit</u> <i>Section 6.3.3</i>	The Qualified Vendor must comply with the AHCCCS established financial viability standards. Current assets divided by current liabilities must be equal to or greater than a ratio of 1.00. Current assets may include any long-term investments that can be converted to cash within twenty-four (24) hours without significant penalty [(i.e., greater than twenty (20) percent]. If current assets include a receivable from a parent company, the parent company must have liquid assets that support the amount of the inter-company loan. <i>A new Section 6.3.3.2.1</i>	<i>The existing Section 6.3.3.6 is changed:</i> The Qualified Vendor receiving payments from the Department for Qualified Vendor services in any state fiscal year less than \$1,000,000 <u>must</u> provide the Department an annual financial statement that consists of a Balance Sheet, Income Statement, and Statement of Cash Flows within 120 after fiscal year end.		
	<u>Advertising and Promotion of Agreement</u> <i>Section 6.3.5</i>	1. The Qualified Vendor must provide all reports or publications (written, visual, and/or audio) which are funded or partially funded under the QVA to the Division for review and approval a minimum of fifteen (15) calendar days prior to public release. <i>A new Section 6.3.5.2.</i> 2. All reports and publications, whether written, visual, and/or audio, must contain the following statement, “This program was funded through a contract with the Arizona Department of Economic Security (the ‘Department’). Points of view are those of the author and do not necessarily represent the official position or policies of the Department.”			

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		Added	Clarified/Changed	Moved	Removed
		<i>A new Section 6.3.5.3.</i>			
	<u>Confidentiality</u> Section 6.3.7	<i>The existing Section 6.3.7.2 is replaced with the following: The Qualified Vendor must comply with the A.R.S. § 41-161 et seq., the Arizona Address Confidentiality Program. The Department will advise the Qualified Vendor as to applicable policies and procedures the Department has adopted for such compliance.</i>			<i>The former Section 6.3.7.2: Make records available to the member or his/her legal representative for a period of six (6) years after the Qualified Vendor received its final payment. This requirement appears in Section 5.10.3, Recordkeeping, in Section 5, Service Requirements/Scope of Work in the QVA.</i>
Costs and Payments Section 6.4	<u>Payments</u> Section 6.4.1				<i>The previous Section 6.4.1.9: Any payment reconciliation must be submitted in writing, complete with all backup documentation, no later than 60 (sixty) days after Agreement termination date (whether in whole or in part) or renewal date. The Division will determine if additional payment is due to the Qualified Vendor. Failure to submit information within the 60 (sixty) day timeline will result in forfeiture of any payment. This requirement is removed because the Division has</i>

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					supplied automated reports to Qualified Vendors in order to that they complete their own reconciliations.
	<u>Coordination of Benefits – Third Party Liability Determination</u> <i>Section 6.4.10</i>	<i>Added to the existing Section 6.4.10.1:</i> The Qualified Vendor must seek payment, when applicable, from the third party utilizing the AHCCCS-approved Healthcare Common Procedure Coding System (“HCPCS”) for the service provider’s category of service.			
Accountability <i>Section 6.5</i>	<u>Qualified Vendor Code of Conduct</u> <i>Section 6.5.2</i>	<i>Added a new Section 6.5.2.3:</i> The Qualified Vendor must avoid any action that might create or result in the appearance of having: 1. Inappropriate use or divulging of information gathered or discovered pursuant to the performance of its duties under the QVA; 2. Acted on behalf of the State without appropriate authorization; provided favorable or unfavorable treatment to anyone; 3. Made a decision on behalf of the State that exceeded its authority, could result in partiality, or have a political consequence for the State; 4. Misrepresent or otherwise impeded the efficiency, authority, actions, policies, or adversely affect the confidence of the public or integrity of the State; or 5. Loss of impartiality when advising the State.			
	<u>Fingerprinting</u> <i>Section 6.5.4</i>	1. The Qualified Vendor must comply with and ensure that all of the Qualified Vendor’s employees, independent contractors, subcontractors, volunteers and other agents comply with, all applicable (current and future) legal requirements relating to fingerprinting, fingerprint clearance cards, certifications regarding pending or past criminal matters, and criminal records			

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		<p>checks that relate to contract performance. <i>A new Section 6.5.4.1</i></p> <p>2. Applicable legal requirements relating to fingerprinting, certification, and criminal background checks may include, but are not limited to, the following: A.R.S. §§ 36-594.01, 36-3008, 41-1964, and 46-141.</p> <p>a. All applicable legal requirements relating to fingerprinting, fingerprint clearance cards, certifications regarding pending or past criminal matters, and criminal records checks.</p> <p>b. The Qualified Vendor is responsible or knowing which legal requirements relating to fingerprinting, fingerprint clearance cards, certifications regarding pending or past criminal matters, and criminal records checks relate to QVA performance. <i>Section 6.5.4.2 (previously Section 6.5.4.1)</i></p> <p>3. Personnel who are employed by the Qualified Vendor, whether paid or not, and who are required or allowed to provide services directly to juveniles or vulnerable adults must submit a full set of fingerprints to the Department for the purposes of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law (“P.L.”) 92-544.</p> <p>i. The language “have a valid class one or class two fingerprint clearance card issued pursuant to Title 41, chapter 12, Article 3.1 is deleted.</p> <p>ii. Business days is replaced with “working” days. <i>Section 6.5.4.3 (previously Section 6.5.4.1.1)</i></p>			
	<u>Central Registry</u> <i>Section 6.5.6</i>	<p>1. The provisions of A.R.S. § 8-804 (as may be amended) are incorporated in its entirety into the QVA. <i>A new Section 6.5.6.1</i></p> <p>2. The Department will conduct Central Registry Background Checks and will use the information contained in the Central</p>	<p>1. The title of the section is changed to <u>Background Checks for Employment through the Central Registry</u>.</p> <p>2. <i>Section 6.5.6.7 is changed:</i> The Qualified Vendor must submit the names of <u>each</u></p>	<p>1. <i>Section 6.5.5</i> which pertained to Central Registry requirements is replaced with the requirement in the previous <i>Section 6.5.6</i> pertaining to <u>Federally</u></p>	

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
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		<p>Registry as a factor to determine qualifications for positions that provide direct service to children or vulnerable adults for:</p> <ol style="list-style-type: none"> Any person who applies for a contract with this State and that person’s employees; All employees of a contractor; A subcontractor of a contractor and the subcontractor’s employees; and Prospective employees of the contractor or subcontractor at the request of the prospective employer. <p><i>A new Section 6.5.6.2.</i></p> <ol style="list-style-type: none"> Volunteers who provide direct services to children or vulnerable adults must have a Central Registry Background Check which is to be used as a factor to determine qualifications for volunteer positions. <i>A new Section 6.5.6.3.</i> A person who is disqualified because of a Central Registry Background Check may to apply to the Board of Fingerprinting for a Central Registry exception pursuant to A.R.S. § 41-619.57. A person who is granted a Central Registry exception pursuant to this statute is not entitled to a contract, employment, licensure, certification or other benefit because the person has been granted a Central Registry exception. <i>A new Section 6.5.6.4, item 1</i> Before being employed or volunteering in a position that provides direct service to children or vulnerable adults, persons must certify on forms that are provided by the Department whether an allegation of abuse or neglect was made against them and was substantiated. The completed forms are to be maintained as confidential. <i>A new Section 6.5.6.4, item 2.</i> A person awaiting receipt of the Central Registry Background Check may provide direct services to Department clients after 	<p><u>employee, subcontractor, and subcontractor employee, including volunteers</u>, providing direct service to Division members for the Central Registry Background Check.</p>	<p><u>Recognized Native American Tribes or Military Bases Certifications.</u></p> <ol style="list-style-type: none"> <i>Section 6.5.6</i>, which pertained to Federally Recognized Native American Tribes or Military Bases is replaced with the requirements in the previous <i>Section 6.5</i>, <u>Central Registry</u>. 	

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		<p>completion and submittal of the Direct Service Position certification if:</p> <ol style="list-style-type: none"> The person is not currently the subject of an investigation of child abuse or neglect in Arizona or another state or jurisdiction; and The person has not been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction, which resulted in a substantiated finding. <p>The website at which the Certification for Direct Service Position is located is added. A new Section 6.5.6.5.</p> <p>7. A person is prohibited from providing direct services to Department clients if the Central Registry Background Check specifies any disqualifying act and the person does not have a Central Registry exception. A new Section 6.5.6.6.</p> <p>8. The Qualified Vendor must maintain the Central Registry Background Check results and any related forms or documents in a confidential file for five (5) years after termination of the QVA. A new Section 6.5.6.7.1.</p>			
	<p><u>Merger or Acquisition</u> Section 6.5.14</p>	<p>The Qualified Vendor is prohibited from changing ownership and/or taxpayer identification number without the prior written consent of the Division during the term of the QVA. A new Section 6.5.14.1</p>			
	<p><u>Federal Database Checks</u> A new Section 6.5.16</p>	<p>1. The Division and the Qualified Vendor is prohibited from employing or contracting with any individual who has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity or from participating in non-procurement activities under regulations issued under Executive Order 12549 or under guidelines implementing Executive Order 12549 [42 Code of Federal</p>			

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		<p>Regulations (“C.F.R.”) § 438.610(a) and (b), 42 C.F.R. § 1001.1901(b), 42 C.F.R. § 1003.102(a)(2)]. The Division is obligated under 42 C.F.R. § 455.436 to screen all Qualified Vendors and the Qualified Vendor is obligated to screen all employees, contractors, and/or subcontractor employees to determine whether any of them have been excluded from participation in Federal health care programs by checking the following Federal databases:</p> <ol style="list-style-type: none"> The Social Security Administration’s Death Master File, The List of Excluded Individuals/Entities (“LEIE”) no less frequently than monthly, The System for Award Management (“SAM”) [formerly known as the Excluded Parties List System (E.P.L.S.)] no less frequently than monthly, and Any other such databases that may be prescribed. <p><i>A new Section 6.5.16.1.</i></p> <p>2. The Qualified Vendor must maintain the Federal Database Check Results and any related forms or documents in a confidential file for five (5) years after termination of the QVA. <i>A new Section 6.5.16.1.</i></p>			
	<p><u>Fraud and Abuse</u> <i>A new Section 6.5.17</i></p>	<p>1. The Qualified Vendor, if discovering or made aware that an act of suspected fraud or abuse has occurred or been alleged, must immediately report the incident or allegation to the Division as well as to the AHCCCS, Office of the Inspector General. <i>A new Section 6.5.17.1.</i></p> <p>2. The Qualified Vendor must notify the Division within twenty-four (24) hours of the act, in writing, if the Qualified Vendor (i) fails to so maintain any representation, comply with any covenant, or perform any duty as provided in this QVA, or (ii) receives notice or becomes aware of a claim or cause of action that would, if valid and enforceable against the Qualified Vendor, violate any provision in this QVA or have a material effect on the Qualified Vendor’s business. The notice to the</p>			

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		<p>Division shall describe the event or facts that triggered the delivery of the notice. <i>A new Section 6.5.17.2.</i></p>			
	<p><u>Updating Information and Amending a Qualified Vendor Application</u> <i>Section 6.6.2</i></p>	<p>The Qualified Vendor must update administrative and service sites in QVADS as necessary to ensure that the information is current and accurate. <i>Added to the existing Section 6.6.2.1</i></p>			
	<p><u>Subcontracts</u> <i>Section 6.3.3</i></p>	<ol style="list-style-type: none"> The Qualified Vendor must submit a formal, written statement to the DDD Contracts Manager prior to adding a subcontractor to the QVA. <i>A new Section 6.6.3.2.</i> The statement must be on the Qualified Vendor’s company letterhead. <i>A new Section 6.6.3.2.1.</i> The statement must be signed by an authorized signatory of the Qualified Vendor. <i>A new Section 6.6.3.2.2.</i> The statement must contain: <ol style="list-style-type: none"> The subcontractor’s name, address, phone number, email address, and primary point of contact; The certifications required of the subcontractor (if any); The type of services to be provided by the subcontractor; The amount of time or effort (as a percent of the total QVA performance) that the subcontractor will perform in relation to total performance of the QVA’s requirements; and A description of the quality assurance measures that the Qualified Vendor shall use to monitor the subcontractor’s performance. 	<ol style="list-style-type: none"> <i>A section # 6.6.3.1 is added and there is a change to the requirement:</i> The Qualified Vendor must not enter into any subcontract for direct services under this QVA without advance notice <u>to</u> the Division. The Subcontract does <u>not</u> require approval by the Division. <i>A section # 6.6.3.4 is added and there is a change to the requirement:</i> The subcontract must incorporate by reference the entirety of the QVA and the AHCCCS Minimum Subcontract Provisions. <i>A section # 6.6.3.5 is added and there is a change to the requirement:</i> The Qualified Vendor must provide copies of each subcontract relating to the provision of QVA services to the Division within five (5) business days of the request. 		

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		<p><i>A new Section 6.6.3.2.3.</i></p> <p>5. The State reserves the right to request additional information deemed necessary about any subcontractor. <i>A new Section 6.6.3.3.</i></p>			
Risk and Liability <i>Section 6.7</i>	<u>Indemnification and Insurance</u> <i>Section 6.7.6</i>	<p>1. Business Automobile Liability Insurance (<i>Section 6.7.6.2.3.2</i>):</p> <p>a. The policy must be endorsed to include a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees for losses arising from work performed by or on behalf of the Qualified Vendor. <i>A new item “2”</i></p> <p>b. Business Automobile Liability is not required in the event the Qualified Vendor or its subcontractors does not utilize a vehicle in any manner in the performance of the QVA or if the utilization is only for commuting purposes. The term “commuting purposes” means a vehicle is used to travel from the Qualified Vendor’s home to its principal place of business or to one designated location. The Qualified Vendor electing to utilize their vehicle solely for commuting purposes must submit a request to the Division for a Business Automobile Liability Waiver. In the event the Qualified Vendor (or its Subcontractors) subsequently utilizes the vehicle in the performance of the QVA or it utilizes it for other than commuting purposes under the QVA, then Business Automobile Liability is fully applicable, effective the date the utilization changed. <i>A new item “3”</i></p> <p>2. <i>Section 6.7.6.2.11 (previously Section 6.7.6.2.10)</i>: New requirements are added to pertaining to the event that the Qualified Vendor determines that it may not be able to comply fully with the insurance requirements set forth in Section 6.7.6:</p>	<p>1. <i>Section 6.7.6.2.3</i>: “Commercial Scope and Limits of Insurance” is changed to “Commercial General Liability”.</p> <p>a. For Qualified Vendors of Occupational, Physical or Speech Therapy Services, language is added to clarify that the requirement for Commercial General Liability may be satisfied if combined with the Professional Liability policy provided that the Commercial General Liability coverage is written on an occurrence basis, certified with the required coverage, limits and endorsements required for Section 6.7.6.2.3.1. If written with the Professional Liability policy, the Commercial General Liability section shall have separate limits from the Professional Liability.</p> <p>b. For all other Qualified Vendors, language is added to clarify that the endorsement to include Sexual Abuse and Molestation coverage for the Commercial General Liability policy must be with minimum limits of \$1,000,000 each occurrence and \$2,000,000 aggregate.</p>		<p><i>The former Section 6.7.6.2.3.4: The Professional Liability (Errors and Omissions Liability) policy no longer is required to contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Qualified Vendor.</i></p>

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
		<p>a. The Qualified Vendor may request that the insurance requirements be modified pursuant to Section 6.7.6.2.10 provided that such request be delivered in writing to the Department as early as possible but in no event not less than ten (10) days prior to QVA execution.</p> <p>b. The Qualified Vendor must include with such request Qualified Vendor’s justification for the modification with supporting documentation.</p> <p>c. As provided in Section 6.7.6.2.10, the Department of Administration, Risk Management Section, will decide whether such modification may be permitted.</p> <p>d. If the Department of Administration, Risk Management, decides to grant permission, the DES Chief Procurement Officer will then decide whether to approve the modification.</p> <p>e. Modifications that are approved are done so on a case-by-case basis and shall not affect the insurance requirements for other Qualified Vendors for whom the modifications have not been approved.</p> <p>f. If a Qualified Vendor’s request has not been approved or the Qualified Vendor fails to deliver its request prior the applicable deadline, then the Qualified Vendor shall be required to comply fully with the insurance requirements set forth in Section 6.7.6.</p>	<p>2. <i>Section 6.7.6.2.3.2:</i> The term “Business” is added to stipulate that that Automobile Liability must be <u>Business</u> Automobile Liability.</p> <p>3. <i>Section 6.7.6.2.3.3:</i> Language is added to pertaining to Worker’s Compensation and Employers’ Liability to clarify that this requirement does not apply to the Qualified Vendor or subcontractor exempt from the provisions of A.R.S. § 23-901, and that to claim this exemption, the Qualified Vendor and subcontractor must submit a request to the Division for the appropriate Sole Proprietor Waiver or Independent Contractor Agreement form.</p> <p>4. Section 6.7.6.2.8.3 (previously Section 6.7.6.2.7.3): Language is added to clarify what is meant by State of Arizona Project/QVA number and the Project Description on the Certificate of Insurance.</p> <p>a. The Project/QVA number is the Qualified Vendor Application and Agreement Award Number.</p> <p>b. The Project Description is “RFQVA DDD 710000”.</p> <p>5. <i>Section 6.7.6.2.10 (previously 6.7.6.2.9):</i> Language is added to stipulate that any modification or variation from the insurance requirements in the QVA will be made by the contracting agency in consultation with the Department of Administration, Risk Management Section; “whose decision shall be final” is deleted.</p>		

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
Warranties <i>Section 6.8</i>	<u>Compliance with Applicable Laws</u> <i>Section 6.8.2</i>	The Qualified Vendor must comply with the requirements in A.R.S. § 46-454 related to reporting to a peace officer or to a protective services worker any reasonable basis to believe that abuse, neglect, or exploitation of a vulnerable adult has occurred. <i>A new Section 6.8.2.4.</i>		<i>Sections 6.8.2.16, 6.8.2.16.1, and 6.8.2.16.2: Pertaining to the statutory requirement for Central Registry background checks being incorporated into the QVA and the requirement that Qualified Vendors screen employees, contractors, and subcontractors to determine if any have been excluded from participation in Federal health care programs are deleted as these requirements are now addressed in Section 6.5.6 and Section 6.5.16, respectively.</i>	
	<u>Advising or Advocating on Behalf of a Member</u> <i>A new Section 6.8.4</i>	<ol style="list-style-type: none"> 1. The Qualified Vendor must comply with the requirements under 42 C.F.R. § 438.102 and the intergovernmental agreement between the Division and AHCCCSA. 2. The Division may not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of a member who is authorized to receive services from the provider for the following: <ol style="list-style-type: none"> a. The member’s health status, medical care, or treatment options including any alternative treatment that may be self-administered. b. Any information the member needs in order to decide among all relevant treatment options. c. The risks, benefits, and consequences of treatment or no treatment. d. The member’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions. 			
	<u>Limited English Proficiency</u> <i>A new Section 6.8.6</i>	The Qualified Vendor must ensure that all services provided are culturally relevant and linguistically appropriate to the population to be served following Department Policy, Limited English Proficiency, DES 1-01-34.			
	<u>Certification of Compliance – Anti-Kickback</u>	The Qualified Vendor, by signing the QVA, certifies that it has not engaged in any violation of the Medicare Anti-Kickback statute (42 U.S.C. §§ 1320a-7b) or the “Stark I” and “Stark II” laws governing			

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
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	<p><i>A new Section 6.8.10</i></p> <p><u>Warranty of Services</u> <i>A new Section 6.8.11</i></p> <p><u>Certification of Truthfulness of Representations</u> <i>A new Section 6.8.12</i></p>	<p>related-entity referrals (P.L. 101-239 and P.L. 101-432) and compensation there from.</p> <p>The Qualified Vendor, by execution of the QVA, warrants that it has the ability, authority, skill, expertise, and capacity to perform the services specified in the QVA.</p> <p>The Qualified Vendor, by signing the QVA, certifies that all representations set forth herein are true to the best of its knowledge; and that it will maintain all representations, comply with all covenants, and perform all duties throughout the term of the QVA.</p>			
<p>Agreement Termination <i>Section 6.10</i></p>	<p><u>Termination upon Request of the Qualified Vendor</u> <i>Section 6.10.4</i></p> <p><u>Voidability of Agreement</u> <i>A new Section 6.10.8</i></p>	<p>The Qualified cannot terminate the operations of the Qualified Vendor Agency without the prior written consent of the Division during the term of the QVA.</p> <p>The QVA is voidable and may be immediately terminated by the Department upon the Qualified Vendor becoming insolvent or filing proceedings in bankruptcy or reorganization, or upon assignment or delegation of the QVA without prior written approval from the Department.</p>			
<p>Agreement Claims and Controversies <i>Section 6.11</i></p>		<p><i>Section 6.11.1:</i> A stipulation is added that the denial of a Qualified Vendor Application in its entirety shall be resolved according to Arizona Administrative Code (“A.A.C.”) R6-6-2115.</p>			<p><i>The former Section 6.11.1.1 through 6.11.4.20:</i> Pertaining to protesting the notice, issuance, or content of an amendment to a QVA, Notice of Protest, Request for Problem Solving is deleted as the process is contained in A.A.C., Article 21, Division</p>

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
					Procurement and Rate Setting for Qualified Vendors.
Contingency Planning <i>Section 6.12</i>	<u>Business Continuity</u> <i>Section 6.12.1</i>	<ol style="list-style-type: none"> 1. The Qualified Vendor must have a contingency plan that addresses the requirements of 1) a Business Continuity Plan (“BCP”), and 2) a Pandemic Performance Plan, as stipulated in <i>Section 6.12.1 and 6.12.2.</i> 2. The Contingency Plan is subject to the approval of the Division. 3. The Qualified Vendor must submit any amendment to the plan to the Division within ten (10) business days. 4. The State may require a copy of the plan at any time prior to or post award of a QVA. 5. <i>Section 6.12.1.1:</i> The BCP that is established by the Qualified Vendor must illustrate how the Qualified Vendor will provide contracted service(s) pursuant to the QVA in the event of a natural or man-made disaster (e.g., earthquake, flood, catastrophic accident, fire, explosion, gas leak) or any other emergency event which may disrupt routine service delivery (e.g., power outage, disruption of essential utilities, evacuation by authorities). 6. The self-sheltering plan must meet the needs of members for not less than three (3) days. <i>Section 6.12.1.2</i> 7. The Qualified Vendor must provide annual BCP training for all staff members. <i>A new Section 6.12.1.4.</i> 8. The Qualified Vendor must review its BCP as needed, amend the plan as required, and train all staff members on any changes 		<ol style="list-style-type: none"> 1. <i>The previous Section 6.12.1.3: Requiring the Qualified Vendor to conduct annual BCP exercises is moved to Section 6.12.1.5.</i> 2. <i>Section 6.12.1.6 (previously Section 6.12.1.4): The requirement that the BCP to be specific for each of the Qualified Vendor’s Arizona facilities and reference community emergency resources is moved Section 6.12.1.3.</i> 	

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SECTION	SUBSECTION	REQUIREMENTS / STIPULATIONS			
		Added	Clarified/Changed	Moved	Removed
	<u>Pandemic Contractual Performance</u> Section 6.12.2	<p>to the plan. Section 6.1.12.6 (previously Section 6.12.1.4)</p> <ol style="list-style-type: none"> 1. The Qualified Vendor must provide annual training on the Pandemic Performance Plan for all staff members. A new Section 6.12.2.2. 2. The Qualified Vendor must review its Pandemic Performance Plan as needed, amend the plan as required, and train all staff members on any changes to the plan. A new Section 6.12.2.3. 			
Certifications Section 6.13	<u>Data Sharing</u> A new Section 6.13.4	<p>The Qualified Vendor to complete the <i>ADES Data Sharing Request/Agreement</i> and submit the completed Agreement to the DES Program Designated Staff prior to any work commencing or data shared when it has been determined by the Department that sharing of confidential data will occur with the Qualified Vendor. A separate <i>Data Sharing Request/Agreement</i> is required between the Qualified Vendor and each DES Program sharing confidential data. The <i>Data Sharing Request/Agreement</i> form may be found in Section 9 of the RFQVA as “Attachment E”.</p>			

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SECTION 7: SERVICE SPECIFICATIONS

ATTENDANT CARE

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Requirements and Limitations	<div>1. The service may be provided in state-supported developmental home when there is a specific issue, problem, or concern that is believed to be temporary or short-term and approved by the Division’s Assistant Director. <i>Section 1.2</i></div> <div>2. The service may be provided in the member’s community under the following circumstances:<div>a. While accompanying the member, or <i>A new Section 1.3.1</i></div><div>b. While shopping or picking up medications. <i>A new Section 1.3.2</i></div></div> <div>3. The service must not supplant the care provided by the member’s natural supports “for children under the age of eighteen (18) years of age”. <i>Section 3</i></div> <div>4. The service cannot be provided in conjunction with Homemaker services within the same day without the special approval by the member’s Support Coordinator. <i>A new Section 5</i></div> <div>5. The member must not receive similar or like services, such as Homemaker, when a member elects to have his/her spouse provide the service. <i>A new Section 11.2</i></div>	<div>1. <i>Section 1.1 is changed:</i> Language is added to clarify that the member’s home is not required to be licensed.</div> <div>2. <i>Section 8 (previously Section 7) is changed:</i><div>a. Language is added to specify that that the homemaking tasks may include cleaning, shopping, and laundry as identified on the member’s planning document.</div><div>b. The language “are to be performed only for the consumer’s areas of the home or common areas of the home used by the member” is deleted.</div></div> <div>3. <i>Section 10 (previously Section 9) is changed:</i> Language is added to include medication to the list of items that the responsible person is expected to provide money for if the direct service provider will be shopping.</div>		<div>The Qualified Vendor must be aware of any familial relationships that direct service providers have to any consumers and to be able to identify the following relationships to consumers: Spouses, family members who reside with the consumer, and family members who do not reside with the consumer. This requirement exists as <i>Section 5</i> in Recordkeeping and Reporting Requirements. <i>The previous Section 10</i></div>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>6. When the service is provided by a Qualified Vendor, it is the responsibility of the Qualified Vendor to conduct the supervision and monitoring. When the service is provided by an Individual Independent Provider, it is the responsibility of the member’s planning team to decide, prior to the delivery of services, who will conduct the supervision and monitoring.</p> <p><i>Section 12</i></p> <p>a. A supervisory visit must be conducted annually following the initial supervisory visit,</p> <p>i. Additional supervisory visits might be warranted,</p> <p>ii. The visits must be conducted when the direct service staff is working and physical present in the member’s home.</p> <p><i>Section 12.1</i></p> <p>b. The Individual Independent Provider may need to be contacted if concerns develop between supervisory and Support Coordinator visits,</p> <p>i. This visit must be initiated not more than five (5) days from initial provision of the service by the Qualified Vendor or Individual Independent Provider and may be made by telephonic contact.</p> <p><i>Section 12.2</i></p> <p>7. The “AHCCCS Agency with Choice Member-Directed Service Delivery Model/Option”:</p> <p><i>A new Section 13</i></p> <p>a. The Qualified Vendor must identify in the QVADS whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model (see the AHCCCS website located at www.azahcccs.gov for additional information regarding the AHCCCS Agency with Choice</p>			

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SECTION	REQUIREMENTS / STIPULATIONS			
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	<p>member-directed service delivery model/option). <i>A new Section 13.1</i></p> <p>b. The Qualified Vendor that accepts a service authorization for Attendant Care for a member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option to participate in the AHCCCS Agency with Choice member-directed service delivery model, must agree to comply with all AHCCCS rules and policies regarding the Agency with Choice member-directed service delivery model, and to implement the member’s planning document. <i>A new Section 13.2</i></p> <p>c. The Qualified Vendor must comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and to ensure that the direct service staff providing Attendant Care is not the member’s individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model. <i>A new Section 13.3</i></p> <p>d. A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding A.A.C. R6-6-2109(B), (C), and (D). <i>A new Section 13.4</i></p> <p>e. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or</p>			

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SECTION	REQUIREMENTS / STIPULATIONS			
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	<p>member’s representative regarding the co-employment relationship as assessed and authorized by the Division.</p> <p>i. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.</p> <p><i>A new Section 13.5</i></p> <p>f. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., CPR, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the member as assessed and authorized by the Division.</p> <p>i. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.</p> <p><i>A new Section 13.6</i></p>			
Service Objectives	<p>Service Objectives is amended to align with the description of Attendant Care in the Division’s Policy and Procedures Manual:</p> <p>1. Mobility. <i>A new Section 1.6</i></p> <p>2. Transferring. <i>A new Section 1.7</i></p> <p>3. Housekeeping/homemaker and cleaning. <i>As a new Section 1.8 (cleaning was included in the previous Section 2.2)</i></p>		<p>Service Objectives is amended to align with the description of Attendant Care in the Division Policy and Procedures Manual:</p> <p>1. “Meal preparation” in the <i>previous Section 2.9</i> is moved to become a <i>new Section 1.1</i>.</p> <p>i. “Clean-up (e.g., meal planning, food preparation, cooking, storing food, cleaning the dishes)” is added.</p> <p>2. “Eating” in the <i>previous Section 2.9</i> is</p>	<p>1. Provide assistance to maintain personal cleanliness and in activities of daily living that do not require medical supervision or intervention. <i>Section 2</i></p> <p>2. Shampooing. <i>The previous Section 2.6</i></p> <p>3. Ambulation. <i>The previous Section 2.7</i></p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>4. Laundry. <i>A new Section 1.9</i></p> <p>5. Shopping. <i>A new Section 1.10</i></p> <p>6. Attending to certified service animal. <i>A new Section 1.11</i></p> <p>7. Supervision as identified on the member’s planning document. <i>A new Section 1.12</i></p> <p>8. Assisting the member in following his or her routine as determined by the priorities identified on the member’s planning document (e.g., participating in religious activities, paying bills). <i>A new Section 1.13</i></p>		<p>moved to become <i>a new Section 1.2</i> and “and assistance with eating (e.g., prompts to eat slowly, proper positioning while eating, monitoring for choking)” is added.</p> <p>3. “Bathing” in <i>the previous Section 2.1</i> is moved to become <i>a new Section 1.3</i>. i. “(e.g., transferring into the tub or shower, adjusting water temperature for safety, monitoring for drowning risk, use of assistive devices)” is added.</p> <p>4. “Dressing” from <i>the previous Section 2.5</i> is moved to become <i>a new Section 1.4</i>. i) “Grooming” is added. ii) “Oral hygiene” and “nail care” from <i>the previous Section 2.2</i> are moved to here to create new list of examples of dressing and grooming, “(e.g., oral hygiene, nail care, shaving, hair styling, putting on assistive devices)”.</p> <p>5. “Toileting” from <i>the previous Section 2.3</i> is moved to <i>a new Section 1.5</i>. i. Examples of bowel and bladder care from <i>the previous Section 2.4</i> is moved to here. ii “Dressing” from <i>the previous Section 2.3</i> is moved to the <i>new Section 1.4</i>.</p> <p>6. “Provide assistance by planning, shopping, storing, and cooking food for</p>	<p>4. Transfer to and from wheelchair and/or bed. <i>The previous Section 2.8</i></p> <p>5. Skin care. <i>The previous Section 2.10</i></p> <p>6. Tasks necessary for comfort and safety of movement restricted consumers. <i>The previous Section 2.11</i></p> <p>7. Assisting with special appliances and/or prosthetic devices. <i>The previous Section 2.12</i></p> <p>8. Assist consumer to participate in the community and in activities of daily living (e.g., church, shopping etc). <i>The previous Section 4</i></p> <p>9. Dusting. <i>The previous Section 7.1</i></p> <p>10. Cleaning floors, bathrooms, household appliances, and windows (if necessary for safe or sanitary living conditions). <i>The previous Section 7.2</i></p> <p>11. Cleaning kitchen, washing dishes, routine maintenance and cleaning of household appliances (cost of repairs are not the responsibility of the attendant care provider).</p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
			<p>nutritional meals” from <i>the previous Section 3</i> is now incorporated into new Service Objectives sections.</p> <p>7. “Maintaining skin integrity including the provision of first aid (i.e., prevention of pressure sores)” is moved from <i>the previous Section 5</i> to create a new <i>Section 1.15</i>.</p> <p>8. “Referring for appropriate action all members who present additional medical or social problems during the course of the service delivery” is moved from <i>the previous Section 5</i> to create a new <i>Section 1.16</i>.</p> <p>9. “Assisting with self-medication or medication reminders” is moved from <i>the previous Section 6</i> to a new <i>Section 1.17</i>. The language is changed and now reads, “Assisting with self-administration of medication(s) or medication reminders”.</p> <p>10. “Provide assistance to attain or maintain safe and sanitary living conditions” is moved from <i>the previous Section 7</i> to a new <i>Section 1.18</i>.</p> <p>i. “Tasks may include but are not limited to” is deleted.</p> <p>ii. “as indicated in the member’s planning document” is added.</p> <p>iii. The section now reads, “Assistance to attain or maintain safe and sanitary living conditions as</p>	<p><i>The previous Section 7.3</i></p> <p>12. Changing linens and making bed. <i>The previous Section 7.4</i></p> <p>13. Washing, drying and folding the consumer’s laundry (ironing only if necessary). <i>The previous Section 7.5</i></p> <p>14. Shopping for and storing household supplies and medicines for the consumer. <i>The previous Section 7.6</i></p> <p>15. Taking garbage out. <i>The previous Section 7.7</i></p> <p>16. Other duties as determined appropriate and necessary by the consumer’s ISP team. <i>The previous Section 7.8</i></p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
			indicated in the member’s planning document; and...”	
Service Utilization Information	This service is not intended to be used for the sole purpose of transportation but may be used to provide transportation necessary to support the member’s program activities. <i>A new Section 2</i>			
Direct Service Staff Qualifications	<ol style="list-style-type: none"> 1. The Division may request documentation to substantiate the direct service staff person’s capabilities to perform the service. <i>A new section # “I”</i> 2. The direct service staff cannot be the member’s individual representative (as defined by the AHCCCS Agency with Choice member-directed service delivery model) when the member chooses the AHCCCS Agency with Choice member-directed service delivery option. <i>A new Section 2</i> 			
Direct Service Training Requirements	<ol style="list-style-type: none"> 1. The Qualified Vendor shall ensure that direct service staff comply with the standards and requirements set forth in Section 5.3 in <i>Service Requirements/Scope of Work</i> of the QVA before providing direct services alone with members. (This replaces the prior reference to Section 5.3.5, Direct Service Training Requirements) <i>A new Section 1</i> 2. “AHCCCS Direct Care Worker Training and Testing”: <ol style="list-style-type: none"> a. The Qualified Vendor must ensure that direct service staff comply with the AHCCCS training and testing requirements for Direct Care Services 			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>provided by Direct Care Workers (“DCW”) in accordance with AHCCCS policy and the ACOM (see http://azahcccs.gov/dcw).</p> <ul style="list-style-type: none"> i. The services provided by Direct Care Workers are collectively known as Direct Care Services. ii. A Direct Care Worker (DCW) is a person who assists a member with activities necessary to allow him or her to reside in their home. <p><i>A new Section 2</i></p> <ul style="list-style-type: none"> b. A caregiver who is a Registered Nurse, Licensed Practical Nurse, or Certified Nursing Assistant per A.R.S. Title 32, Chapter 15, is exempted from the DCW training and testing requirements. <i>A new Section 2.1</i> c. A DCW with an initial hire date prior to October 1, 2012, is deemed to meet the training and testing requirements with the Qualified Vendor by whom they are currently employed. <ul style="list-style-type: none"> i. However, if the DCW becomes employed with another agency on or after October 1, 2012, they shall meet the training and testing requirements contained within the AHCCCS policy. ii All DCWs with an initial hire date on or after October 1, 2012, must meet the DCW training and testing requirements contained within the AHCCCS policy. <i>A new Section 2.2</i> d. The DCW must meet the training, testing, and continuing education requirements as per AHCCCS policy and the ACOM, Chapter 429, Direct Care Worker Training and Testing Program; 			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p><i>A new Section 2.3</i></p> <p>i. The Qualified Vendor, in order to meet the AHCCCS training and testing requirements for DCWs must:</p> <p><i>A new Section 2.3.1</i></p> <p>A. Register with AHCCCS to become an Approved Program to provide the testing and training to its employees,</p> <p><i>A new Section 2.3.1.1</i></p> <p>B. Enter into a direct contracting relationship with an AHCCCS Approved Testing and Training Program which has an AHCCCS Provider Identification Number to provide the testing and training to its employees, or</p> <p><i>A new Section 2.3.1.2</i></p> <p>C. Enter into a direct contracting agreement with a Private Vocational Program (an AHCCCS Approved Program that does not have an AHCCCS Provider Identification Number or a subsidiary of a Direct Care Service agency), and</p> <p><i>A new Section 2.3.1.3</i></p> <p>D. Meet all applicable requirements specified in the AMPM and all requirements included in the AHCCCS Provider Participation Agreement.</p> <p><i>A new section 2.3.1.4</i></p> <p>e. The Qualified Vendor is responsible for assurance that the DCW is in compliance with the AHCCCS policy for Direct Care Services.</p> <p><i>A new Section 2.4</i></p> <p>f. The Qualified Vendor must comply with recommendations and requirements resulting from</p>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>the routine monitoring and supervision of the DCW to ensure competence in the direct care service being provided. The monitoring and supervision may also provide assistance with any adjustment issues between the member and the DCW.</p> <p><i>A new Section 2.5</i></p>			
Recordkeeping and Reporting Requirements	<p>1. Proof of Hours Worked (<i>Section 3</i>):</p> <ol style="list-style-type: none"> The Qualified Vendor must maintain <u>daily records</u> as proof of <u>the number of</u> hours worked by <u>each</u> direct care staff <u>providing direct service to members</u>. Each time sheet or equivalent document be signed by the member/member’s representative as verification of hours worked. A data system is added as another method to record proof of hours worked The proof of hours worked must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment. <p>2. The Qualified Vendor must maintain documentation of whether the direct service staff is the court-appointed guardian for the member being served.</p> <p><i>Section 5</i></p> <ol style="list-style-type: none"> The Qualified Vendor’s billing document shall identify any familial relationships between a direct service provider and member served. <p><i>A new Section 5.1</i></p>		<p>The language, “In addition, the Qualified Vendor’s billing document must identify any familial relationships between direct service provider and consumer served” is moved from <i>Section 3</i> to a <i>new Section 5.1</i> in Recordkeeping and Reporting Requirements.</p>	

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<div>3. The Qualified Vendor must maintain documentation of and communication with the member’s Support Coordinator regarding any decline, improvement, or continuing maintenance of the member’s condition in accordance with the AMPM. <i>A new Section 6</i></div> <div>4. For the AHCCCS Direct Care Worker Testing and Training , the Qualified Vendor must: <i>A new Section 7</i><div><div>a. Verify and document the DCW’s related educational and work experiences. <i>A new Section 7.1</i></div><div>b. Keep records on continuing education (including hours and topics). <i>A new Section 7.2</i></div><div>c. Document and maintain in the DCW’s personnel file all monitoring and supervision assessments. <i>A new Section 7.3</i></div></div></div>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

CENTER-BASED EMPLOYMENT

SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
Service Requirements and Limitations	<ol style="list-style-type: none">1. The service setting must be inspected by the Department’s Office of Licensing, Certification, and Regulation (“OLCR”) and approved by the Division. <i>Section 1</i>2. The service cannot be delivered in a licensed group home or developmental home. <i>A new Section 5.</i>3. The service cannot be provided in the same room as a Day Treatment and Training service. <i>A new Section 6.</i>	
Service Outcomes	<ol style="list-style-type: none">1. When paid work is not available, the alternate activities must focus on generic work skills and appropriate work habits/ethics, and accommodate all participants. <i>Section 1</i>2. The Qualified Vendor must document service outcomes in the aggregate program status report to each Division’s District Program Manager (“DPM”)/designee where the service is being performed. <i>A new Section 4.</i>	
Service Utilization Information	The Qualified Vendor must provide transportation to and from the program for any member needing transportation, when the member does not live in a licensed residential setting. <i>A new Section 3.</i>	<i>Section 1:</i> The maximum daily utilization is increased from seven (7) to eight (8) hours per day
Recordkeeping and Reporting Requirements	<ol style="list-style-type: none">1. The Qualified Vendor must submit the teaching strategies that were developed for the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been	<i>Section 4:</i> Submission of quarterly individualized progress reports on members is changed:

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SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
	<p>identified for the member. <i>A new Section 2.</i></p> <p>2. Proof of Hours Worked (<i>Section 3</i>):</p> <p>a. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (such as an attendance log that has been signed by the member/member’s representative or the direct service staff who documents the member’s arrival and departure) after service delivery confirming the hours worked.</p> <p>b. The proof of hours worked must be signed or verified by the member/member’s representative/agency representative before the Qualified Vendor submits the claim for payment. <i>A new Section 3.2.</i></p> <p>3. The Qualified Vendor to maintain a ledger and documentation (e.g., receipts) that accounts for the expenditure of all member funds used. <i>A new Section 7.</i></p>	<p>1. The Qualified Vendor must submit the report to the member/member’s representative.</p> <p>2. The quarter is based on the member’s annual planning cycle.</p> <p>3. The first quarterly progress report must be submitted no later than the fifteenth (15th) day (rather than within thirty (30) days) following the end of the quarter in which the service is initiated.</p> <p>4. Subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</p> <p>5. The report must include, at a minimum, a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member’s progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes. <i>A new Section 4.1.</i></p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

DAY TREATMENT AND TRAINING – ADULT

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	<ol style="list-style-type: none"> This service provides for the personal care needs of the member. <i>A new Section 7.</i> Therapy services (Occupational, Physical, and/or Speech) may be provided at Day Treatment and Training locations as identified on the member’s planning document under the following circumstances: <ol style="list-style-type: none"> The Day Treatment and Training staff must be present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, or At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program. A caregiver/ responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring. <i>A new Section 8.</i> This service cannot be provided in the same room as a Center-Based Employment service. <i>A new Section 9.</i> 		
Service Goals		<p><i>Section 3 (previously Section 5) is changed:</i> The goal of providing opportunities for consumers to participate in meaningful age-appropriate activities and experience new activities is changed to “To provide opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member’s vision of the future and priorities.”</p>	<ol style="list-style-type: none"> The goal of developing positive relationships and support for consumers and their families. <i>Previously Section 2</i> The goal of assisting the consumer in developing skills to achieve and maintaining a quality of life that promotes the consumer’s

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
			vision of the future. <i>Previously Section 4</i>
Service Objectives		<ol style="list-style-type: none"> <i>Section 1.2 is changed</i> <ol style="list-style-type: none"> A specific teaching strategy for each of the member’s habilitative outcome must be developed within ten (10) business days following the initiation of service for a new and a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy must identify the steps to be followed to teach the new skill. <i>Section 9 is changed:</i> <ol style="list-style-type: none"> Members who desire and/or demonstrate work-related skills must be referred to their planning team for considering the addition of an employment outcome to their planning document. The language pertaining to the service including opportunities for consumers to experience work-related activities as part of habilitative learning functional outcomes when appropriate is deleted. 	
Service Utilization Information	<ol style="list-style-type: none"> The Qualified Vendor must provide transportation to and from the program for any member needing transportation when the member does not live in a licensed residential setting. <i>A new Section 2.</i> Staff-to-member ratios higher than 1:2.5 to 1:4.5 must be approved by the DPM/designee. <i>Section 4 (previously Section 3)</i> 	<ol style="list-style-type: none"> <i>Section 1 is changed:</i> The maximum limit of participation is increased from seven (7) units per day to eight (8) units per day. <i>Section 5 (previously Section 4) is changed:</i> Children being served separately from adults is changed to: <ol style="list-style-type: none"> Clarify that children must be provided service 	

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
		<p>separately from adults through age fifteen (15).</p> <p>b. Change that the transition plans developed at age sixteen (16) may permit inclusion into an employment and/or day program (rather than “adult program”) with adults with parental consent.</p> <p>c. The transition plan and consent must be available to the Division upon request.</p>	
Recordkeeping and Reporting Requirements	<p>1. The Qualified Vendor must submit the teaching strategies for the member’s habitative outcomes to the member’s Support Coordinator for planning team review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i></p> <p>2. The Qualified Vendor recording member attendance that the total time of the member’s attendance at the service must not include any time spent during transportation to/from the member’s residence. <i>Section 4 (previously Section 3)</i></p> <p>3. Proof of Hours Worked [<i>Section 5 (previously Section 4)</i>]:</p> <p>a. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (such as an attendance log that has been signed by the member/member’s representative or the direct service staff who documents the member’s arrival and departure) after service delivery confirming the hours worked.</p> <p>b. The proof of hours worked be signed or verified by the member/member’s representative/agency representative before the Qualified Vendor submits the claim for payment. <i>A new Section 5.2</i></p> <p>4. The Qualified Vendor must maintain a ledger and documentation (e.g.,</p>	<p><i>Section 3 (previously Section 2) is changed:</i> Quarterly individualized progress reports on members:</p> <p>1. Language is added to clarify that the quarter is based on the member’s annual planning cycle.</p> <p>2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated.</p> <p>3. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</p>	

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	receipts) that accounts for the expenditure of all member funds used. <i>A new Section 9</i>		

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

DAY TREATMENT AND TRAINING – CHILDREN AFTER SCHOOL

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Requirements and Limitations	<p>1. The service provides for the personal care needs of the member. <i>A new Section 7</i></p> <p>2. Therapy services (Occupational, Physical, and/or Speech) may be provided at Day Treatment and Training locations as identified on the member’s planning document under the following circumstances:</p> <ul style="list-style-type: none"> a. The Day Treatment and Training staff must be present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, or b. At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring. <p><i>A new Section 8</i></p> 	<p><i>Section 4 is changed:</i></p> <ul style="list-style-type: none"> a. Language from <i>the previous Section 6</i> pertaining to the service being intended to provide an opportunity for the member to participate in a structured after-school program is incorporated <i>into Section 4</i>. b. <i>Section 4</i> now states that the service is intended to provide an opportunity for the member to participate in activities based on outcomes identified in the member’s planning document. 	<p><i>Previous Section 7:</i></p> <ul style="list-style-type: none"> a. The requirement pertaining to ratios for members participating in an integrated program with other children who do not have developmental disabilities is moved to <i>a new Section 4.1</i> in Service Utilization Information. b. The language pertaining to the service not being construed to discourage a child from participating in an integrated after-school program and billing requirements pertaining to documentation of staff-to-client ratios being waived is deleted. 	<p>ISP teams need to consider whether there are age-appropriate integrated structured programs available in assessing the need for this service. <i>The previous Section 6</i></p>
Service Goals		<ul style="list-style-type: none"> 1. <i>Section 1 is changed:</i> The training and supervision provided must be based on the member’s planning document. The language pertaining to when beneficial to the child in addition to their primary school program is deleted. 2. <i>Section 2 is changed:</i> 		

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<ul style="list-style-type: none"> a. Language from <i>Section 1</i> pertaining to the member increasing or maintaining his/her socialization and adaptive skills to reside and participate successfully in his/her own community when beneficial to the child <i>is moved to Section 2.</i> b. The language pertaining to developing positive relationships and support for consumers and their families is deleted. 3. <i>Section 4 is changed:</i> <ul style="list-style-type: none"> a. Language from <i>the previous Section 5</i> pertaining to providing opportunities to experience meaningful activities <i>is incorporated into Section 4.</i> b. <i>Section 4</i> now stipulates that the goal is to provide opportunities for the member to develop skills that lead to meaningful days, valued community roles, and promote the member’s and his/her family’s vision of the future and priorities. c. The language “to achieve and maintain a quality of life” is deleted. 		
Service Objectives		<p><i>Section 1.2 is changed:</i></p> <ul style="list-style-type: none"> 1. A specific teaching strategy for each of the member’s habilitative outcome must be developed within ten (10) business days following the initiation of service for a new and a continuing placement and whenever a new outcome has been identified for the member. 2. The specific teaching strategy must identify the steps to be followed to teach the new skill. 		

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Utilization Information	<ol style="list-style-type: none"> 1. The Qualified Vendor must provide transportation to and from the program for any member needing transportation when the member does not live in a licensed residential setting. <i>A new Section 2</i> 2. Staff-to-member ratios higher than 1:2.5 to 1:4.5 must be approved by the DPM/designee. <i>Section 4 (previously Section 3)</i> 3. Children must be provided service separately from adults through age fifteen (15). <ol style="list-style-type: none"> a. Transition plans may be individually developed at age sixteen (16) that may permit inclusion into an employment and/or day program with adults with parental consent. b. The transition plan and consent shall be available to the Division upon request. <i>A new Section 5.</i> 		<p><i>The previous Section 7 in Service Requirements and Limitations is moved to create a new Section 4.1:</i> The applicable hourly rate will be assumed to be at the 1:2.5 to 1:4.5 staff to member ratio when a member receiving services from the Division is participating in an integrated program with children who do not have developmental disabilities.</p>	
Recordkeeping and Reporting Requirements	<ol style="list-style-type: none"> 1. The Qualified Vendor must submit the teaching strategies for the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i> 2. The Qualified Vendor recording member attendance: The total time of the member’s attendance at the service must not include any time spent during transportation to/from the member’s residence. <i>Section 4 (previously Section 3)</i> 3. Proof of Hours Worked [<i>Section 5 (previously Section 4)</i>]: <ol style="list-style-type: none"> a. Each time sheet, equivalent document, or data system must 	<p><i>Section 3 (previously Section 2) is changed:</i> Quarterly individualized progress reports on members:</p> <ol style="list-style-type: none"> 1. Language is added to clarify that the quarter is based on the member’s annual planning cycle. 2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. 3. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 		

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>contain the original signature or other independent verification (such as an attendance log that has been signed by the member/member’s representative or the direct service staff who documents the member’s arrival and departure) after service delivery confirming the hours worked.</p> <p>b. The proof of hours worked be signed or verified by the member/member’s representative/agency representative before the Qualified Vendor submits the claim for payment. <i>A new Section 5.2</i></p> <p>4. The Qualified Vendor must maintain a ledger and documentation (e.g., receipts) that accounts for the expenditure of all member funds used. <i>A new Section 9</i></p>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

DAY TREATMENT AND TRAINING – CHILDREN SUMMER

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Requirements and Limitations	<ol style="list-style-type: none">1. The Qualified Vendor owned or leased setting or publically available setting must be approved by the Division. <i>Section 5</i>2. The service provides for the personal care needs of the member. <i>A new Section 8</i>3. Therapy services (Occupational, Physical, and/or Speech) may be provided at Day Treatment and Training locations as identified on the member’s planning document under the following circumstances:<ol style="list-style-type: none">a. The Day Treatment and Training staff must be present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, orb. At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring. <i>A new Section 9.</i>	<p><i>Section 4 is changed:</i> The service is intended to provide an opportunity for the member to participate in habilitative activities (based on outcomes identified in the member’s planning document) in a structured summer program, rather than to provide a habilitative opportunity for the member.</p>	<p><i>Previous Section 7:</i></p> <ol style="list-style-type: none">a. The requirement pertaining to ratios for members participating in an integrated summer program with other children who do not have developmental disabilities is moved to a new Section 4.1 in Service Utilization Information.b. The language pertaining to the service not being construed to discourage a child from participating in an integrated after-school program and billing requirements pertaining to documentation of staff-to-client ratios being waived is deleted.	<p>ISP teams need to consider whether there are age-appropriate integrated structured programs available in assessing the need for this service. <i>The previous Section 6</i></p>
Service Goals		<ol style="list-style-type: none">1. <i>Section 1 is changed:</i><ol style="list-style-type: none">a. The training and supervision provided must be based on the member’s planning document.b. Language pertaining to increasing or		

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>maintaining the member’s socialization and adaptive skills to live and participate in the community <i>is moved to a new Section 2.</i></p> <p>2. <i>Section 3 previously Section 2) is changed:</i></p> <ol style="list-style-type: none"> Language from <i>the previous Section 4</i> pertaining to providing opportunities to experience meaningful activities <i>is incorporated into Section 3.</i> <i>Section 3</i> now stipulates that the goal is to provide opportunities for the member to develop skills that will lead to meaningful days, valued community roles, and promote the member’s and his/her family’s vision of the future and priorities. The language “to achieve and maintain a quality of life” is deleted. 		
Service Objectives		<p><i>Section 1.2 is changed:</i></p> <ol style="list-style-type: none"> A specific teaching strategy for each of the member’s habilitative outcome must be developed within ten (10) business days following the initiation of service for a new and a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy must identify the steps to be followed to teach the new skill. 		
Service Utilization Information	<ol style="list-style-type: none"> The Qualified Vendor must provide transportation to and from the program for any member needing transportation when the member does not live in a licensed residential setting. <i>A new Section 2</i> 	<p><i>The previous Section 7 in Service Requirements and Limitations is moved to create a new Section 4.1:</i> The applicable hourly rate will be assumed to be at the 1:2.5 to 1:4.5 staff to member ratio when a</p>	<p><i>The previous Section 7 in Service Requirements and Limitations is moved to create a new Section 4.1:</i> The applicable hourly rate</p>	

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>2. Staff-to-member ratios higher than 1:2.5 to 1:4.5 must be approved by the DPM/designee. <i>Section 4 (previously Section 3)</i></p> <p>3. Children must be provided service separately from adults through age fifteen (15).</p> <p>a. Transition plans may be individually developed at age sixteen (16) that may permit inclusion into an employment and/or day program with adults with parental consent.</p> <p>b. The transition plan and consent shall be available to the Division upon request. <i>A new Section 5.</i></p>	<p>member receiving services from the Division is participating in an integrated program with children who do not have developmental disabilities.</p>	<p>will be assumed to be at the 1:2.5 to 1:4.5 staff to member ratio when a member receiving services from the Division is participating in an integrated program with children who do not have developmental disabilities.</p>	
Recordkeeping and Reporting Requirements	<p>1. The Qualified Vendor must to submit the teaching strategies for the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i></p> <p>2. The Qualified Vendor recording member attendance: The total time of the member’s attendance at the service must not include any time spent during transportation to/from the member’s residence. <i>Section 4 (previously Section 3)</i></p> <p>3. Proof of Hours Worked [<i>Section 5 (previously Section 4)</i>]:</p> <p>a. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (such as an attendance log that has been signed by the member/member’s representative or the direct service staff who documents the member’s arrival and departure) after service delivery confirming the hours worked.</p>	<p><i>Section 3 (previously Section 2) is changed:</i> Language is changed to require the Qualified Vendor to submit monthly individualized progress reports on members no later than the tenth (10th) day, rather than no later than thirty (30) days, following the close of the month.</p>		

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<div><div>b. The proof of hours worked must be signed or verified by the member/ member’s representative/agency representative before the Qualified Vendor submits the claim for payment. <i>A new Section 5.2</i></div><div>4. The Qualified Vendor must maintain a ledger and documentation (e.g., receipts) that accounts for the expenditure of all member funds used. <i>A new Section 9</i></div></div>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

EMPLOYMENT SUPPORT AIDE

SECTION	REQUIREMENTS / STIPULATIONS
	Added
Service Requirements and Limitations	The service cannot be provided for a member during the time he or she is receiving a Center-Based Employment Service. <i>A new Section 2</i>
Recordkeeping and Reporting Requirements	<div><div>1. Submission of quarterly individualized progress reports on members:<div><div>a. The Qualified Vendor must submit the report to the member/member’s representative.</div><div>b. The quarter is based on the member’s annual planning cycle.</div><div>c. The Qualified Vendor must submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated.</div><div>d. Subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</div></div><i>Section 1</i></div><div><div>2. The Qualified Vendor must submit an aggregate program report using Division forms to each DPM/designee (where the service is being performed) no later than the thirty-first (31st) day of January and August.</div><i>A new Section 2</i></div><div><div>3. Proof of Hours Worked [<i>Section 3 (previously Section 2)</i>]:<div><div>a. Each time sheet, equivalent document, or data system to contain the original signature or other independent verification of the member/member’s representative after service delivery confirming the hours work.</div><div>b. The proof of hours worked to be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</div></div><i>A new Section 3.2</i><div><div>c. The monthly statement of Employment Support Aide hours must be furnished to the member’s representative.</div><i>A new section # “3.2”</i></div></div></div></div>

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

GROUP SUPPORTED EMPLOYMENT

SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Changed
Service Utilization Information	The Qualified Vendor must provide transportation to and from the program for any member needing transportation when the member does not live in a licensed residential setting. <i>A new Section 4</i>	Maximum utilization by a member is increased from seven (7) hours per day to eight (8) hours per day. <i>Section 1</i>
Recordkeeping and Reporting Requirements	<div>1. Proof of Hours Worked (<i>Section 3</i>):<div><div>a. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming the hours work.</div><div>b. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment. <i>A new Section 3.2</i></div></div></div> <div>2. Submission of quarterly individualized progress reports on members:<div><div>a. The report must be submitted to the member/member’s representative. <i>Section 4</i></div><div>b. The content of the individualized progress report must include, at a minimum, a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member’s progress toward the achievement of established outcomes, and current and potential barriers to achieving outcomes. <i>A new Section 4.1</i></div></div></div>	<i>Section 4 is changed:</i> Quarterly individualized progress reports on members: <div><div>1. Language is added to clarify that the quarter is based on the member’s annual planning cycle.</div><div>2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated.</div><div>3. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</div></div>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – COMMUNICATION

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Requirements and Limitations			<i>The previous Section 4 in Service Objectives is moved to a new Section 7: The Qualified Vendor must conduct at least one (1) direct observation for each new direct service staff within the first ninety (90) days of their hire date with the direct service staff is present.</i>	
Service Objectives		<div>1. <i>The new Section 1 (previously Section 2) is changed:</i> The reference to the Qualified Vendor ensuring that an individualized communication support plan is developed that recognizes the consumer’s communication needs is deleted.</div> <div>2. <i>The Section 1.2 (previously Section 2.3) is changed:</i><div>a. A specific teaching strategy for each of the member’s habilitative outcomes must be developed within ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member.</div><div>b. The specific “teaching” strategy (rather than “training” strategy) for each outcome</div></div>		<div>1. The Qualified Vendor must ensure that the objective of reviewing assessments of the consumer’s communication strengths and needs concentrating on the concerns identified by the ISP is met. <i>The previous Section 1</i></div> <div>2. The Qualified Vendor must ensure that the plan for this service includes criteria for reassessment and criteria for fading as appropriate. <i>The previous Sections 3, 3.1 and 3.2</i></div>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>must identify the steps to be followed to teach the new skill.</p> <p>c. The last sentence pertaining to strategies including activities that are more repetitive, mechanical, or routine is deleted.</p>		
Recordkeeping and Reporting Requirements	<p>Proof of Hours Worked (<i>Section 3</i>):</p> <ol style="list-style-type: none"> 1. An equivalent document and a data system are added as methods of recording the proof of hours worked. 2. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming the hours work. 3. The proof of hours worked must be signed or verified by the member/member’s before the Qualified Vendor submits the claim for payment. <p><i>A new Section 3.1</i></p>	<ol style="list-style-type: none"> 1. <i>Section 1 is changed:</i> <ol style="list-style-type: none"> a. The support plan is replaced” with “teaching strategies that were developed for the member’s habilitative outcomes”. b. The strategies must be submitted no later than ten (10) business days for a new or a continuing placement and whenever a new outcome has been identified for the member. 2. <i>Section 2 is changed:</i> Submission of quarterly individualized progress reports on members: <ol style="list-style-type: none"> a. Language is added to stipulate that the quarter is based on the member’s annual planning cycle. b. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. c. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 		

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – COMMUNITY PROTECTION AND TREATMENT

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Objectives	<p>The Qualified Vendor must ensure that the objective of complying with requirements ordered by the Courts, parole/probation officers, law enforcement agencies, including requirements incorporated into the member’s planning document is met.</p> <p><i>A new Section 13</i></p>	<p>1. <i>Section 1 is changed:</i> The Qualified Vendor to ensure that the outcomes will allow the member to achieve his/her long-term vision for the future and priorities.</p> <p>2. <i>Section 1.2 (previously Section 2.3) is changed:</i></p> <ol style="list-style-type: none"> The specific teaching strategies for each of the member’s habilitative outcomes must be developed within ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific “teaching” strategy (rather than “training” strategy) for each outcome must identify the steps to be followed to teach the new skill. 	
Direct Service Staff Qualifications		<p><i>Section 2.7 is changed:</i> The requirement that the Qualified Vendor must require direct service staff to complete training, prior to start of work, on staff and/or victim grooming and manipulation techniques is deleted and replaced with the requirement that the Qualified Vendor must ensure that direct service staff complete training in the recognition and proper response to inappropriate sexual behavior.</p>	<ol style="list-style-type: none"> The Qualified Vendor must require direct service staff to complete training, prior to start of work, in the therapy “triangle relationship” that can occur. <i>The previous Section 2.8</i> The Qualified Vendor must require direct service staff to complete training, prior to start of work, in recognizing emotional responses. <i>The previous Section 2.9</i> The Qualified Vendor must require direct service staff to complete

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
			<p>training, prior to start of work, in offense patterns. <i>The previous Section 2.10</i></p> <p>4. The Qualified Vendor must require direct service staff to complete training, prior to start of work, awareness of power and control over individuals in a subordinate role. <i>The previous Section 2.12</i></p>
Recordkeeping and Reporting Requirements	<p>1. The Qualified Vendor must submit the teaching strategies that were developed for the member’s habitative outcomes to the member’s Support Coordinator for planning team review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i></p> <p>2. Proof of Hours Worked [<i>Section 4 (previously Section 3)</i>]:</p> <ul style="list-style-type: none"> a. A data system is added as a method of recording proof of hours worked. b. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming the hours work. c. The proof of hours worked must be signed or verified by the member/member’s before the Qualified Vendor submits the claim for payment. <i>Added to a new section # “4.1”</i> 	<p><i>Section 3 (the previous Section 2) is changed:</i> Submission of quarterly individualized progress reports on members:</p> <ul style="list-style-type: none"> 1. Language is added to clarify that the quarter is based on the member’s annual planning cycle. 2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. 3. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 	

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – CONSULTATION

This is a new service being proposed by the Division. The service specification is posted for review and public comment.

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – GROUP HOME

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Additional Service Description for Community Protection and Treatment		<p>1. <i>Section 2 is changed:</i> Language is added which requires the group home to not only ensure that measures which are designed to protect Community Protection and Treatment members and others from possible harm but to also require that the measures are implemented.</p> <p>2. <i>Section 7 is changed:</i> The language “The consumer will, voluntarily or as directed Courts, participate in and abide by agreed upon restrictions stated in the consumer’s ISP” is deleted and replaced with the following: “Compliance with agreed upon restrictions stated in the consumer’s ISP.”</p>	
Service Requirements and Limitations	<p>1. The Qualified Vendor must at all relevant times be providing the service of Room and Board, All Group Homes. <i>Section 3</i></p> <p>2. The Qualified Vendor is not relieved of its obligation to continue to serve a member when the needs of that member change:</p> <ol style="list-style-type: none"> “and a reasonable accommodation can be made by the Qualified Vendor (e.g. staff training, environmental modification).” The Qualified Vendor must send a written notice by email or facsimile to the member’s Support Coordinator promptly (within one business day) of the occurrence of the changes. <p><i>A new section # “5.1”</i></p>	<p><i>Section 2 is changed:</i> The goal is to enable the member to participate in his/her community based on his/her choices, rather than “be a valued member of” his/her community.</p>	<p><i>Section 1:</i> The last sentence, “Consumers may have intense behavioral challenges or may be dually diagnosed; thus requiring highly trained staff.”</p> <p><i>Section 4:</i></p> <ol style="list-style-type: none"> A day begins at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the same calendar day, and An individual who is present at 11:59 p.m. may be billed on that calendar day. <p><i>Section 5:</i> The language pertaining to providing information regarding and facilitating access to community resources.</p>

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	3. The residential habilitation provider to be responsible for any fees associated with other reasonable transportation for the member within the community. <i>Section 6</i>		
Service Objectives		<i>Section 1.2 is changed:</i> 1. A specific teaching strategy (rather than “training” strategy) must be developed for each of the member’s habilitative outcome within twenty (20) business days after initiating the service for a new placement and within ten (10) business days for a continuing placement and whenever a new outcome is identified for the member. 2. The specific teaching strategies must identify the steps to be followed to teach the new skill.	
Service Utilization Information	1. Scheduled absences must be reflected in the Direct Staffing Matrix. <i>A new Section 4</i> 2. The Qualified Vendor must notify the DPM/designee of extended unscheduled absences within forty-eighty (48) hours to determine whether the Direct Staffing Matrix needs to be revised. <i>A new Section 5</i> 3. The Qualified Vendor must notify the member’s Support Coordinator of any and all hospitalizations within twenty-four (24) hours of admission, including admission to a behavioral health facility. <i>A new Section 6</i>	Section 2 is changed: The reference to “Hab Matrix” is replaced with the terminology “Direct Staffing Matrix”.	<i>Section 3:</i> The requirement that “any authorized hours in excess of Range 8” must be approved by the DPM/designee.

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Direct Service Staff Qualifications (All Group Homes)	Direct Service Staff must meet all of the staff qualifications, training, and responsibilities specified in A.A.C. R6-6-808. <i>A new Section 4</i>		
Additional Direct Service Staff Qualifications for Community Protection and Treatment Group Homes		<i>Section 5.7 (previously Section 4.7) is changed:</i> The requirement that the Qualified Vendor must require direct service staff to complete training, prior to start of work, on staff and/or victim grooming and manipulation techniques is deleted and replaced with the requirement that the Qualified Vendor shall ensure that direct service staff complete training in the recognition and proper response to inappropriate sexual behavior.	<ol style="list-style-type: none"> 1. The Qualified Vendor must require direct service staff to complete training, prior to start of work, in the therapy “triangle relationship” that can occur. <i>Previously Section 4.8</i> 2. The Qualified Vendor must require direct service staff to complete training, prior to start of work, in recognizing emotional responses. <i>Previously Section 4.9</i> 3. The Qualified Vendor must require direct service staff to complete training, prior to start of work, in offense patterns. <i>Previously Section 4.10</i> 4. The Qualified Vendor must to require direct service staff to complete training, prior to start of work, awareness of power and control over individuals in a subordinate role. <i>The previous Section 4.12</i>
Recordkeeping and Reporting Requirements	<ol style="list-style-type: none"> 1. The Qualified Vendor must submit the teaching strategies that were developed for the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i> 2. The Qualified Vendor must maintain a ledger and documentation 	<ol style="list-style-type: none"> 1. <i>Section 3 (previously Section 2) is changed:</i> The Qualified Vendor must submit the quarterly individualized progress reports on each member is no later than the tenth (10th) day following the close of the month rather than within thirty (30) days after the close of the month. 2. <i>Section 5 (previously Section 3):</i> <ol style="list-style-type: none"> a. <u>The Qualified Vendor shall maintain daily records on file as proof of the number of</u> 	

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	(e.g., receipts) that accounts for the expenditures of all member funds used. <i>Section 8 (previously Section 5)</i>	hours worked by <u>each</u> direct service staff <u>providing direct services to members</u> . b. Equivalent documentation and a data system are added as methods for recording proof of hours worked by direct service staff.	

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – INDIVIDUALLY DESIGNED LIVING ARRANGEMENT

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Requirements and Limitations	<p>The “AHCCCS Agency with Choice Member-Directed Service Delivery Model/Option”: <i>A new Section 4</i></p> <p>1. The Qualified Vendor must identify in QVADS whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model (see the AHCCCS website located at www.azahcccs.gov for additional information regarding the AHCCCS Agency with Choice member-directed service delivery model/option) for the service of Individually Designed Living Arrangement <u>Hourly</u> Habilitation.</p> <p>a. The service of Individually Designed Living Arrangement <u>Daily</u> Habilitation is <u>not</u> included in the AHCCCS Agency with Choice member-directed service delivery model. <i>A new Section 4.1</i></p> <p>2. The Qualified Vendor that accepts a service authorization for Individually Designed Living Arrangement <u>Hourly</u> Habilitation for a member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option must:</p> <ul style="list-style-type: none">Participate in the AHCCCS Agency with Choice member-directed service delivery model,Agree to comply with all AHCCCS rules and policies regarding the Agency with Choice member-directed service delivery model, andImplement the member’s planning document. <p><i>A new Section 4.2</i></p>		<p><i>The previous Section 4 is moved:</i> The stipulation that (1) the amount of direct care staffing authorized for each residence is determined by assessing the collective needs of all consumer residents; (2) that if residences are in close proximity (such as an apartment complex), determination of collective needs may include all the consumers sharing support, and the authorization distributed accordingly; and (3) that this agreement should be codified with the DPM/designee, <i>is removed from here and incorporated into Service Utilization Information.</i></p>	

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>3. The Qualified Vendor must comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and to ensure that the direct service staff providing Individually Designed Living Arrangement <u>Hourly</u> Habilitation is not the member’s individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model. <i>A new Section 4.3</i></p> <p>4. A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding A.A.C. R6-6-2109(B), (C), and (D). <i>A new Section 4.4</i></p> <p>5. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or member’s representative regarding the co-employment relationship as assessed and authorized by the Division. a. If this is required, the Qualified Vendor must bill a unique service code as identified by the Division. <i>A new Section 4.5</i></p> <p>6. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., CPR, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the member as assessed and authorized by the Division. a. If this is required, the Qualified Vendor must bill a unique service code as identified by the Division. <i>A new Section 4.6</i></p>			

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Objectives		<p><i>Section 1.2 is changed:</i></p> <ol style="list-style-type: none"> 1. The terms “training” or “mentoring” pertaining to strategy is deleted. 2. The teaching strategies for each of the member’s habilitative outcomes must be developed within twenty (20) business days after initiating the service for a new placement and within ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member. 3. The teaching strategy must identify the steps to be followed to teach the new skill. 		<ol style="list-style-type: none"> 1. The Qualified Vendor must to (1) develop a monthly anticipated schedule of daily activities, including planning for those times when accessing the community is needed; (2) to ensure that activities and schedules are based on consumer direction, choice, and their ISP goals; and (3) to make the schedule available to consumers, consumer representatives, or others upon request. <i>The previous Section 7</i> 2. The Qualified Vendor must to play an active role in supporting the consumers to plan that the service is complimentary to other service provider entities, including day treatment and training providers, employers, and health care providers. <i>The previous Section 8</i>
Service Utilization Information		<p><i>Changed:</i> Language from the <i>previous Section 4</i> in Service Requirements and Limitations is incorporated here. Language is added that to the requirement pertaining to utilization and authorization of service levels for each residence is changed:</p>		<p>Section 2 is deleted which required the Division’s District Program Administrator/Manager or designee to approve any authorized service levels which require the Division to submit</p>

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<ol style="list-style-type: none"> 1. If residents are in close proximity (such as an apartment complex), that the determination of collective needs may include all the members sharing support; 2. That the service authorization is distributed accordingly; and 3. That the agreement shall be approved by the DPM/designee. 		Cost Effectiveness Justifications to AHCCCS.
Rate Basis	The published rate may also be based on one day of direct service as identified in the Division’s RateBook. <i>A new section # “I”</i>			
Direct Service Staff Qualifications	Direct service staff cannot be the member’s individualized representative (as defined by the AHCCCS Agency with Choice member-directed service delivery model) when the member chooses the AHCCCS Agency with Choice member-directed service delivery option. <i>A new Section 4</i>			
Recordkeeping and Reporting Requirements	<ol style="list-style-type: none"> 1. The Qualified Vendor must submit the teaching strategies that were developed for each of the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i> 2. The Qualified Vendor must adhere to the requirements of “non-provision of service” as required by Division policy (see Section 5, <i>Service Requirements/Scope of Work</i>, of the QVA). 	<p><i>Section 4 (previously Section 2) is changed:</i> Submission of quarterly individualized progress reports on members:</p> <ol style="list-style-type: none"> 1. Language is added to clarify that the quarter is based on the member’s annual planning cycle. 2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. 3. Language is added to clarify that subsequent 		

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p><i>A new Section 3</i></p> <p>3. Proof of Hours Worked <i>[Section 5 (previously Section 3)]</i>:</p> <p>a. The Qualified Vendor must maintain <u>daily records</u> on file <u>as proof of the number</u> of hours worked by <u>each</u> direct service staff <u>providing direct services to members</u>. <i>[Section 5 (previously Section 3)]</i></p> <p>b. An equivalent document and a data system is added as methods for recording proof of hours worked.</p> <p>c. The proof of hours worked must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</p> <p>c. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</p> <p><i>A new Section 5.1</i></p>	<p>quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</p>		

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SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – MUSIC THERAPY

The name of the service is changed from “Habilitation, Music Therapy” to “Habilitation, Music”.

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations		<i>Section 4 is changed:</i> Language is added to clarify that the daily habilitation services which this service shall not be provided in conjunction with include group home, developmental home, and daily individually designed living arrangement.	
Service Objectives		<ol style="list-style-type: none"> <i>Section 1.2 is changed:</i> <ol style="list-style-type: none"> The teaching strategies for each of the member’s habilitative outcomes must be developed within ten (10) business days [rather than thirty (30) business days]] following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. The teaching strategies for each outcome must identify the steps to be followed to teach the new skill. <i>Section 2 (previously Section 4) is changed:</i> <ol style="list-style-type: none"> Language from <i>the previous Section 4</i> pertaining to “as identified in the consumer’s ISP, provide training and/or assistance to the consumer’s family/representative is incorporated into <i>Section 2</i>. Language from <i>the previous Section 4</i> pertaining to increasing and/or maintaining increase and/or maintain targeted skill acquisition of the consumer is deleted. <i>Section 2</i> now reads, “With input from the member, the member’s representative, and other people important to 	<ol style="list-style-type: none"> The Qualified Vendor must ensure that the objective of conducting an assessment of the consumer’s strengths and needs concentrating on concerns identified by the ISP is met. <i>The previous Section 1</i> The Qualified Vendor must provide training and/or assistance as identified in the consumer’s ISP. <i>The previous Section 3</i> The Qualified Vendor must ensure communication with the family/consumer’s representative regarding how the support methodologies are working when staff is not present. <i>The previous Section 4.2</i> The Qualified Vendor must ensure that service delivery planning includes the consideration of (a) criteria for reassessment; (b) criteria for fading as appropriate; (c) the potential for developing and maintaining self-help, socialization and adaptive skills; (d) respect for the consumer’s preferences, favorite activities, and their lifestyle choices, etc.; (e) the potential for developing useful

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
		<p>the member, and as identified in the planning document, provide training and/or assistance to the caregivers to carry out habilitative outcomes in the context of the member’ daily routine.”</p> <p>3. The reference to “direct care staff” in is changed to “Board Certified Music Therapist (‘MT-BC’)”. <i>Section 4 (previously Section 7)</i></p>	<p>techniques and skills of other caregivers to the consumer’s benefit; and (f) the potential for increasing the consumer’s social contacts, friends and colleagues. <i>The previous Sections 5 and Section 5.1 through 5.6</i></p> <p>5. The Qualified Vendor must ensure that at least one direct observation for each new direct care staff is made by the Qualified Vendor within the first ninety (90) days of hire with the direct care staff present. <i>The previous Section 6</i></p>
Recordkeeping and Reporting Requirements	<p>Proof of Hours Worked (<i>Section 3</i>):</p> <ol style="list-style-type: none"> 1. The Qualified Vendor must maintain <u>daily records of the number of hours worked by each direct service staff providing direct service to members.</u> <i>Section 3</i> 2. A data system is added to the methods for recording proof of hours worked. 3. The proof of hours worked must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked. 4. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment. <i>A new section # “3.1”</i> 	<ol style="list-style-type: none"> 1. <i>Section 1 is changed:</i> The Qualified Vendor must submit the teaching strategies <u>developed for the member’s habilitative outcomes</u> to the member’s Support Coordinator for planning team review <u>no later than</u> ten (10) business days after the initiation of service <u>for a new or a continuing placement and whenever a new outcome has been identified for the member.</u> 2. <i>Section 2 is changed:</i> Submission of quarterly individualized progress reports on members: <ol style="list-style-type: none"> a. Language is added to clarify that the quarter is based on the member’s annual planning cycle. b. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. c. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 	

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SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – NURSING SUPPORTED GROUP HOME

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	<div>1. The Qualified Vendor to be providing the service at all times. <i>Section 4</i></div> <div>2. The Qualified Vendor is not relieved of its obligation to continue to serve a member when the needs of that member change and a reasonable accommodation can be made by the Qualified Vendor (e.g. staff training, environmental modification). <i>A new Section 6</i><div>a. The Qualified Vendor must send written notice by email or facsimile to the member’s Support Coordinator promptly [within one (1) business day] of the occurrence of any change and to initiate a cooperative planning process with the planning team to update and revise the member’s planning document.</div><div>b. The Division’s Health Care Services staff will be involved when the change in need is medical in nature. <i>A new Section 6.1</i></div></div> <div>3. The residential habilitation provider is responsible for any fees that are associated with other reasonable transportation for the member within the community. <i>Section 7 (previously Section 6)</i></div>		
Service Goals		<div>1. <i>Section 2 is changed:</i> The goal of the service is to enable the member to “participate in” his/her community based on his/her choices, rather than “be a valued member of” his/her community.</div>	

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Objectives		<p>2. <i>Section 1.2 is changed:</i></p> <p>a. A specific teaching strategy for each of the member’s habilitative outcomes must be developed within twenty (20) business days after initiating the service for a new placement and within ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member.</p> <p>b. The specific teaching strategy for each outcome must identify the steps to be followed to teach the new skill.</p>	
Service Utilization Information	<p>1. The Qualified Vendor must ensure sufficient staff is provided for the health and safety of each resident. <i>A new Section 3</i></p> <p>2. The Qualified Vendor must notify the member’s Support Coordinator of any and all hospitalizations within twenty-four (24) hours of admission, including admission to a behavioral health facility. <i>A new Section 4</i></p>		The final sentence in <i>Section 1</i> : “Significant changes should be noticed to all parties.”
Direct Service Staff Qualifications	<p>1. Non-professional direct service staff must meet all training requirements specified in A.A.C. <i>A new Section 1.4</i></p> <p>2. Professional direct service staff must be trained in accordance with Arizona laws and rules to perform the skilled tasks and duties necessary to provide nursing support. <i>Section 2.1</i></p>		
Recordkeeping and Reporting Requirements	1. The Qualified Vendor must submit the teaching strategies that were		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>developed for the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i></p> <p>2. Proof of Hours Worked:</p> <p>a. Language from <i>the former Section 3</i> pertaining to the Qualified Vendor maintaining proof of hours worked is moved to <i>a new Section 5</i></p> <p>b. The Qualified Vendor must maintain daily records on file as of proof of the number of hours that each direct service staff spends providing direct services to members. <i>A new Section 5</i></p> <p>3. The Qualified Vendor must make the log of the member’s personal belongings available to the Division and the member/member’s representative upon request. <i>Section 7 (previously Section 5)</i></p> <p>4. The Qualified Vendor must maintain a ledger that accounts for the expenditure of all member funds used, and changes the individual to whom the accounting of expenditures is submitted from the member’s representative to the member’s representative payee. <i>A new Section 8</i></p>		

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ECTION 7: SERVICE SPECIFICATIONS

HABILITATION – SPECIALIZED BEHAVIOR

The name of the service is changed from “Habilitation, Specialized Behavior” to “Habilitation, Early Childhood Autism Specialized”. The Division is referring to the service as “**Early Childhood Autism Specialized Habilitation**”. The Division adds Hourly Habilitation Support to the service. In effect, Early Childhood Autism Specialized Habilitation is now bundled with Hourly Habilitation Support.

References to “Positive Behavioral Support Plan” are changed to “Early Childhood Autism Specialized Habilitation Plan” throughout the Service Specification.

References to “family members” are replaced with “parents/caregivers” throughout the Service Specification.

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Description	An hourly habilitation support component to the consultative service.	<div><div>1. The service is now focused Division members who are young children with autism or who are at risk of autism.</div><div>2. The consultative component provides habilitation and behavioral supports pursuant to an Early Childhood Autism Specialized Habilitation intervention plan, rather than a positive behavioral supports plan.</div><div>3. The service is provided to the child’s parents and/or caregivers.</div><div>4. The hourly habilitation support service component is designed to assist a young child in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.</div><div>5. The services include the provision of training in</div></div>		

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		independent living skills or special developmental kills, orientation and mobility training, sensorimotor development, and behavioral management. The two components of this bundled service are authorized and billed as distinct service units delivered by the Qualified Vendor.		
Service Requirements and Limitations	The service cannot be provided in lieu of school when the child is eligible for attendance. <i>A new Section 5</i>	<ol style="list-style-type: none"> <i>Section 6.5 (previously Section 5.5) is changed:</i> The service must include training of parents/caregivers in the use of useful techniques (rather than facilitating the use of the techniques). <i>Section 7 (previously Section 6) is changed:</i> <ol style="list-style-type: none"> “Direct care” staff is replaced with “consultant” staff. “Behavioral plan” is replaced with “Early Childhood Autism Specialized Habilitation intervention plan”. 		
Service Goals	<i>A new header is added:</i> “Consultative Component Service Goals for Doctoral/Master’s-Level and Bachelor’s-Level Service Providers”.			
Consultative Component Service Goals for Doctoral/Master’s-Level and Bachelor’s-Level Service Providers	The service goal is to assist in managing behaviors “relating to the core symptoms of autism”. <i>Section 1</i>	<i>Language is changed in the introductory statement:</i> <ol style="list-style-type: none"> “...assisting him/her in living in their own home or family home by” is changed to “targeting the core symptoms of autism and”. “And other sources of challenging behavior” is deleted. The statement now reads, “Provide an improved quality of life for the young child by targeting 		

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		the core symptoms of autism and the teaching of alternative methods of responding to stressors.”		
Doctoral/Master’s-Level service Providers Only	The Qualified Vendor must ensure that goal of determining the amount of weekly Habilitation Hourly Support required to adequately implement the Early Childhood Autism Specialized Habilitation intervention plan is met. <i>A new Section 3</i>	1. “Doctoral” is added to the subheader “For Master’s-level service providers only”. 2. <i>Section 1 is changed:</i> The language “relating to the core symptoms if autism is added to this service goal.		
Hourly Habilitation Support Component Service Goals	A new subheader: “Hourly Habilitation Support Component Service Goals”: 1. The service goal is to implement the Early Childhood Autism Specialized Habilitation intervention plan. <i>A new Section 1</i> 2. The service goal is to provide training to increase or maintain the child’s self-help, socialization, and adaptive skills to reside and participate successfully with his/her family in his/her own community. <i>A new Section 2</i> 3. The service goal is to assist the child in achieving and maintaining a quality of life that promotes the parent’s/caregivers vision for the future and priorities. <i>A new Section 3</i> 4. The service goal is to adjust the dependence on this service as natural supports become available in the child’s home and/or community. <i>A new Section 4</i>			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>5. The service goal is to encourage and develop the identification and use of natural supports and reduce the need for this paid support. <i>A new Section 5</i></p>			
Service Objectives		<p><i>The header is changed:</i> “Consultative Component” is added to the beginning of the header and “Doctoral” is added to Master’s-Level Service Providers.</p>		
Consultative Component Service Objectives for Doctoral/Master’s-Level Service Providers	<p>1. In accordance with the Early Childhood Autism Specialized Habilitation intervention plan, assist in developing individualized, time-limited outcomes that are based on assessment data and input from the member and the member’s representative which allow the member to achieve his/her long-term vision for the future and priorities. <i>A new Section 3</i></p> <p>a. Assist in developing a specific teaching strategy for each habilitation outcome within ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall identify the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill. <i>A new Section 3.1</i></p> <p>b. Assist in developing changes to specific outcome(s) and/or strategies, as agreed upon by the member’s planning team, based on the presence or absence of measurable progress by the member. <i>A new Section 3.2</i></p>	<p><i>Section 1 is changed:</i> The following language is added: Conduct <u>and develop</u> a functional <u>behavioral analysis and proactive teaching strategies to prepare the child for age-appropriate social, sensorimotor, and learning readiness skills</u>. The language, “of a challenging behavior” is deleted.</p>		<p>The Qualified Vendor must assist the ISP team in acquiring the needed approvals of the plan by the applicable Human Rights Committee and Program Review Committee pursuant to the Division’s administrative rules and Division policy. <i>The previous Section 5</i></p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>2. The Qualified Vendor must assist the planning team in the transition from this service to other developmentally appropriate services by providing information needed to assess the child’s and parents’/caregivers’ ongoing needs and outcomes. <i>A new Section 8</i></p> <p>3. The Qualified Vendor must provide training and support to habilitation staff as necessary to ensure implementation of the designed Early Childhood Autism Specialized Habilitation intervention plan. <i>A new Section 9</i></p>			
Consultative Component Service Objectives for Bachelor’s-Level Service Providers	<p>The Qualified Vendor must assist the planning team in the transition from this service to other developmentally appropriate services by providing information needed to assess the child’s and parents’/caregivers’ ongoing needs and outcomes. <i>A new Section 6</i></p>	<p>“Consultative Component” is added to the beginning of the subheader.</p>		
Hourly Habilitation Support Component Service Objectives	<p>A new subheader, “Hourly Habilitation Support Component Service Objectives”, is added. The Qualified Vendor must ensure that the following objectives are met:</p> <p>1. Assist in revising the Early Childhood Autism Specialized Habilitation intervention plan in accordance with the child’s planning document processes including: <i>A new Section 1</i></p> <p>a. Implementing the strategies of the Early Childhood Autism Specialized Habilitation intervention plan.</p> <p>i. A teaching strategy is required for each of the member’s habilitative outcome(s) identified by the Early Childhood Autism Specialized Habilitation intervention plan; the specific teaching strategy for each outcome must identify the schedule for</p>			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>implementation, the frequency and duration of services, data collection, methods, and a series of steps to be followed to teach the child a single skill. <i>A new Section 1.1</i></p> <p>2. The service objective is to provide training and/or assistance as identified in the child’s planning document, such as the following: <i>A new Section 2</i></p> <p>a. Training and/or assistance implementing strategies to address behavioral concerns in the Early Childhood Autism Specialized Habilitation intervention plan. <i>A new Section 2.1</i></p> <p>b. Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting the child in following special diets, exercise routines, or other therapeutic programs. <i>A new Section 2.2</i></p> <p>c. Mobility training, alternative or adaptive communication training. <i>A new Section 2.3</i></p> <p>3. The service objective is to provide training and/or assistance to the parents/caregivers to increase and/or maintain targeted skill acquisition of the child. <i>A new Section 3</i></p> <p>a. Developing strategies for habilitative outcomes that can be carried out in the context of the child’s daily routine with input from the parents/caregivers and other people important to the child. <i>A new Section 3.1</i></p> <p>b. Communicating with the parents/caregivers regarding how the plan is working when the direct service staff is not present. <i>A new Section 3.2</i></p>			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Utilization Information	<div>1. The following new subheader is added: Consultative Component for Doctoral-Level, Master’s-Level, and Bachelor’s Level Service Providers.</div> <div>2. All interventions must respect the rights and dignity of the child’s parents/caregivers. <i>Section 2</i></div> <div>3. The following new subheader is added: Hourly Habilitation Support Component. <i>Section 3</i></div> <div>4. Utilization of this form of habilitation is determined by the professional assessment completed by the consultant. Careful assessment for the amount of habilitative training is critical. Holistic evaluation of all other activities in the child’s day, including school, Attendant Care, Respite, etc., is necessary. <i>Section 4</i></div> <div>5. All interventions shall be based on the principles of learning alternative behaviors. <i>Section 5</i></div> <div>6. All interventions shall respect the rights and dignity of the child and his/her parents/ caregivers. <i>Section 6</i></div> <div>7. All interventions shall be based on positive behavior supports and the child’s ability to self-manage when supported. <i>Section 7</i></div> <div>8. All services shall be delivered in strict compliance with the provisions of Title 6, Chapter 6, Article 9 pertaining to “Managing Inappropriate Behaviors” of the A.A.C. and Chapter 1600 of the Division’s Policy and Procedures Manual, including</div> <div></div> <div></div> <div></div>			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	subsequent amendments/ revisions. <i>Section 8</i>			
Direct Service Staff Qualifications	<ol style="list-style-type: none"> The following new subheader is added: Consultative Component Staff Qualifications for Doctoral-Level, Master’s-Level, and Bachelor’s-Level Service Providers. The following new subheader is added: Hourly Habilitation Support Component Staff Qualifications. 			
Consultant Component Staff Qualifications for Doctoral-Level, Master’s-Level, and Bachelor’s-Level Service Providers	<ol style="list-style-type: none"> Doctoral-level service providers must have at a minimum the following qualifications: <i>A new Section 2</i> <ol style="list-style-type: none"> A license to practice psychology in the state of Arizona issued by the Arizona Board of Psychologist Examiners and meet all requirements set forth in A.R.S., Title 32, Chapter 19.1 <i>et seq.</i>, as amended; or <i>A new Section 2.1</i> A license as a Behavior Analyst from the Arizona Board of Psychologist Examiners. <i>A new Section 2.2</i> Master’s-level service providers must have at a minimum the following qualifications: <i>A new Section 3</i> <ol style="list-style-type: none"> Be licensed as a Behavior Analyst from the Arizona Board of Psychologist Examiners. <i>A new Section 3.1</i> If not licensed as a Behavior Analyst, must receive supervision from a Behavior Analyst who is licensed by the Arizona Board of Psychologist Examiners. <i>A new Section 3.2</i> 	<ol style="list-style-type: none"> “Direct service staff must” is replaced with “The Consultant staff shall”. <i>Section 1.1 is changed:</i> “Client intervention Training” is replaced with “Prevention and Support Training”. 	<ol style="list-style-type: none"> <i>Section 2 is moved to a create new Section 4 in Recordkeeping and Reporting Requirements:</i> The Qualified Vendor will have on file documentation of required certification for each direct service staff providing this service, including both training and licensing requirements. <i>Section 1</i> pertaining to the Master’s-level needing to have a license to practice psychology in the State of Arizona <i>is moved to a new Section 2</i> pertaining to Doctoral-level service providers. 	The consultant staff must complete training on Person-Centered Planning training as approved by the Division. <i>From Section 1.2</i>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>3. Bachelor’s-level service providers must receive supervision from a Behavior Analyst who holds a current and active license recognized by the State of Arizona Board of Psychologist Examiners. <i>A section #4 is added</i></p>			
Hourly Habilitation Support Component Staff Qualifications	<p>1. The Hourly Habilitation Support direct service staff must have at least three (3) months of experience implementing and documenting performance in individual programs (specific training strategies) in lieu of Section 2 or Section 3. <i>A new Section 1</i></p> <p>2. The Hourly Habilitation Support direct service staff must have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance in lieu of Section 1 or Section 3. <i>A new Section 2</i></p> <p>3. The Hourly Habilitation Support direct service staff must have performed three (3) months of habilitation service under the direct supervision of an individual who is qualified to provide habilitation in lieu of Section 1 or Section 2. <i>A new Section 3</i></p> <p>4. The Hourly Habilitation Support direct service staff must have completed training on all of the following topics: <i>A new Section 4</i></p> <ul style="list-style-type: none"> a. Training in typical child development. <i>A new Section 4.1</i> b. Training in the diagnosis of Autism. <i>A new Section 4.2</i> c. Training in the treatment of Autism. <i>A new Section 4.3</i> 			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<ul style="list-style-type: none"> d. Training in the collection of data and writing of reports. <i>A new Section 4.4</i> e. Training in information specific to the child/family/caregivers as contained in the Early Childhood Autism Specialized Habilitation intervention plan. <i>A new Section 4.5</i> 			
Recordkeeping and Reporting Requirements	<ul style="list-style-type: none"> 1. The Qualified Vendor must complete and score the Vineland Scales of Adaptive Functioning, with the assistance of the parents/caregivers, on each child enrolled in the program at the beginning of treatment, at twelve (12) months and at twenty-one (21) months of treatment. <i>A new Section 1</i> <ul style="list-style-type: none"> a. The Qualified Vendor must ensure that this information is sent to the Division within thirty (30) days of the date upon which the testing should be completed. This information will be used by the Division to ensure the appropriateness of continued services during the program and upon completion of the initial two (2) years of treatment. <i>A new Section 1.1</i> b. The Division’s Medical Director may authorize the use of another instrument for the measurement of a child’s progress while receiving the service. <i>A new Section 1.2</i> 2. The Qualified Vendor must submit quarterly individualized progress reports on the child to the child’s representative. <ul style="list-style-type: none"> a. The quarter is based on the member’s annual planning cycle. b. The first quarterly progress report is due no later than the fifteenth (15th) day following the end of the quarter in which the service is initiated. c. Subsequent quarterly progress reports are due no later than the fifteenth (15th) day following the end of the quarter. <i>Section 2 (previously Section 1)</i> 	<ul style="list-style-type: none"> 1. <i>Section 3 (previously Section 2) is changed:</i> The Qualified Vendor must maintain proof of hours worked by each consultant and the hourly habilitation support service provider, rather than direct service staff. 2. Proof of Hours Worked [(Section 3 (previously Section 2)] is changed: <ul style="list-style-type: none"> a. A data system is added as another method of recording proof of hours worked. b. The time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked. c. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment. <i>A new section # 3.1</i> 	<p><i>The previous Section 2 from the former Direct Service Staff Qualifications is moved to a new Section 4 in Recordkeeping and Reporting Requirements: The Qualified Vendor will have on file documentation of required certification for each direct service staff providing this service, including both training and licensing requirements</i></p>	

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<div>3. At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data, and current and potential barriers to achieving outcomes. <i>A new Section 2.1</i><div>a. The progress report must include data from both the consultant and any hourly habilitation support providers. <i>A new Section 2.2</i><div>b. The progress report must be signed by the supervising licensed psychologist or licensed Behavior Analyst. <i>A new Section 2.2.1</i></div></div></div>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

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SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – SUPPORT

The name of the service is changed from “Habilitation, Support” to “Habilitation, Hourly Support”. The Division will be referring to this service as “Hourly Habilitation Support”.

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	<div><div>1. The service must be provided where the expected skills will be applied. <i>A new Section 2</i></div><div>2. The service cannot be delivered in a service provider’s residence. <i>A new Section 4</i></div><div>3. The service cannot be provided in a Qualified Vendor owned or leased service site. <i>A new Section 5 (previously Section 3)</i></div><div>4. The “AHCCCS Agency with Choice Member-Directed Service Delivery Model/Option”: <i>A new Section 14</i><div><div>a. The Qualified Vendor must identify in the QVADS whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model (see the AHCCCS website located at www.azahcccs.gov for additional information regarding the AHCCCS Agency with Choice member-directed service delivery model/option). <i>A new Section 14.</i></div><div>b. The Qualified Vendor that accepts a service authorization for Hourly Habilitation Support for a member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option must:<div><div>i. Participate in the AHCCCS Agency with Choice member-directed service delivery model,</div><div>ii. Agree to comply with all AHCCCS rules and policies regarding the</div></div></div></div></div></div>		<div>Any center-based approach must be approved by the DPM/designee and meet all licensing, certification, and inspection requirements. <i>From the previous Section 3</i></div>

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>Agency with Choice member-directed service delivery model, and iii. Implement the member’s planning document. <i>A new Section 14.2</i></p> <p>c. The Qualified Vendor must comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and ensure that the direct service staff providing Habilitation Hourly Support is not the member’s individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model. <i>A new Section 14.3</i></p> <p>d. A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding A.A.C. R6-6-2109(B), (C), and (D). <i>A new Section 14.4</i></p> <p>e. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or member’s representative regarding the co-employment relationship as assessed and authorized by the Division. i. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division. <i>A new Section 14.5</i></p> <p>f. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., CPR, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the member as assessed and authorized by the Division. i. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division. <i>A new Section 14.6</i></p>		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Objectives		<p><i>Section 1.2 is changed:</i></p> <ol style="list-style-type: none"> 1. The Qualified Vendor must develop “a specific teaching strategy” for each of the member’s habitative outcomes within ten (10) business days after initiating the service “for a new or a continuing placement and whenever a new outcome has been identified for the member”. 2. The specific teaching strategy must identify the steps to be followed to teach the new skill. 3. The language, “A teaching strategy is required for each behavioral outcome identified by the ISP” and “consumer a single behavioral outcome” is deleted from Section 1.2 as it is duplicative. 	<p><i>Section 4.3</i> pertaining to making changes to specific training objectives/outcomes and/or strategies as agreed upon by the ISP team based upon the presence or absence of measurable progress is removed as that requirement is already addressed in <i>Section 1.4</i> in Service Objectives.</p>
Service Utilization Information	The service is not intended to be used for the sole purpose of transportation but may be used to provide transportation necessary to support the member’s program activities. <i>A new Section 3</i>		
Direct Service Staff Qualifications	The direct service staff cannot be the member’s individualized representative (as defined by the AHCCCS Agency with Choice member-directed service delivery model) when the member chooses the AHCCCS Agency with Choice member-directed service delivery option. <i>A new Section 2</i>		
Recordkeeping and Reporting Requirements	<p>Proof of Hours Worked (<i>Section 3</i>).</p> <ol style="list-style-type: none"> 1. The Qualified Vendor must <u>daily records</u> on file as proof of <u>the number of hours worked by each direct service staff providing direct service to members.</u> <i>Section 3</i> 2. A data system is added as another method of recording the proof of hours worked. 	<ol style="list-style-type: none"> 1. <i>Section 1 is changed:</i> <ol style="list-style-type: none"> a. The references to “support plan” and “training” strategies are deleted and replaced with “teaching strategies”. b. Language is added to clarify that the teaching strategies are those that were 	

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>3. The proof of hours worked must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</p> <p>4. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</p> <p><i>A new Section 3.1</i></p>	<p>developed for the member’s habilitative outcomes.</p> <p>c. The timeline for submission of the strategies is changes from thirty days after the initiation of the service to no later than ten (10) days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member.</p> <p>2. <i>Section 2 is changed:</i> Submission of quarterly individualized progress reports on members:</p> <p>a. Language is added to clarify that the quarter is based on the member’s annual planning cycle.</p> <p>b. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated.</p> <p>c. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</p>	

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

HABILITATION – VENDOR SUPPORTED DEVELOPMENTAL HOME

SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
Service Requirements and Limitations	<ol style="list-style-type: none"> 1. The Qualified Vendor cannot act as a licensed Developmental Home provider. <i>A new Section 1.1</i> 2. The Qualified Vendor cannot delegate, assign, or subcontract the services of recruitment of family homes; home studies; training, monitoring, support, and oversight of family home providers; and recommendation of licensing/re-licensing and/or certification of child and adult developmental homes unless the Division has provided its written consent to such delegation, assignment, or subcontract. <i>A new Section 1.2</i> 3. The Qualified Vendor cannot enter into agreements with Related Parties for the provision of Developmental Home services. “Related Parties” is defined as the Qualified Vendor’s family members (as defined in Division Policy 601.1) or entities controlled by the Qualified Vendor’s family members or under common control with the Qualified Vendor. <i>A new Section 1.3</i> 4. The Qualified Vendor cannot enter into an agreement for Developmental Home services if the Developmental Home provider is also the guardian of a member residing in the Developmental Home. <i>A new Section 1.4</i> 5. The Qualified Vendor is not relieved of its obligation to continue to serve a member if the needs of that member change the language “and a reasonable accommodation can be made by the Qualified Vendor (e.g., staff training).” <i>Section 4</i> <ol style="list-style-type: none"> a. The Qualified Vendor must send a written notice by email or facsimile to the member’s Support Coordinator promptly (within one business day) of the occurrence of the changes. <i>A new Section 4.1</i> 6. The Qualified Vendor must provide the service at all relevant times. <i>Section 8</i> 	<ol style="list-style-type: none"> 1. <i>Section 5 is changed:</i> Language is added to clarify that the service is authorized for the day. 2. <i>Section 9 is changed:</i> Language is added to clarify that Qualified Vendor must ensure that its developmental homes are licensed.

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SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
	<p>7. Fees associated with other reasonable transportation for the member within the community are the responsibility of the residential habilitation provider. <i>Section 10</i></p> <p>8. The Qualified Vendor must comply with Article 10, Child Developmental Foster Home License, and Article 11, Adult Developmental Home license, of the A.A.C. <i>A new Section 11</i></p>	
Service Objectives	<p>The specific teaching strategy for each of the member’s habilitative outcomes must be developed within twenty (20) business days after initiating the service for a new placement and within ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member.</p> <p>1. The specific teaching strategy for each outcome must identify the steps to be followed to teach the new skill. <i>Section 1.2</i></p>	<p><i>Section 2.6 is changed:</i></p> <p>1. The Qualified Vendor must ensure that the support services, as identified in the member’s planning document, include the provision of appropriate, rather than general, supervision of the member.</p> <p>2. The supervision is to meet the member’s individualized needs.</p>
Service Utilization Information	<p>The Qualified Vendor must notify the member’s Support Coordinator of any and all hospitalizations within twenty-four (24) hours of admission, including admission to a behavioral health facility. <i>A new Section 3</i></p>	
Direct Service Staff Qualifications		<p><i>Sections 1, 2 and 3 are deleted and replaced with a new requirement that all direct service staff must meet all of the staff qualifications, training, and responsibilities specified in A.A.C. R6-6-1001 and R6-6-1005 for child developmental homes and R6-6-1101 and R6-6-1105 for adult developmental homes.</i></p>
Recordkeeping and Reporting Requirements	<p>1. The Qualified Vendor must submit the teaching strategies that were developed for the member’s habilitative outcomes to the member’s Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member. <i>A new Section 2</i></p>	

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SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
	<p>2. Submission of quarterly individualized progress reports on members:</p> <ul style="list-style-type: none"> a. The Qualified Vendor must ensure that its subcontracted developmental home providers submit quarterly individualized progress reports on each member to the member’s Support Coordinator and the member/member’s representative b. The quarter is based on the member’s annual planning cycle. c. The Qualified Vendor is required to submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. d. The Qualified Vendor is required to submit subsequent quarterly progress reports no later than the fifteenth (15th) day following the end of the quarter. <p><i>A new Section 3</i></p> <ul style="list-style-type: none"> a. The progress report must include, at a minimum, a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member’s progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes. <p><i>A new Section 3.1</i></p> <p>3. Language is added to which requires the Qualified Vendor to make the log of the member’s personal belongings available to the Division, the member, and the member’s representative upon request.</p> <p><i>Section 6 (previously Section 3)</i></p> <p>4. The Qualified Vendor must maintain a ledger that accounts for the expenditure of all member funds used, includes the existing requirement that the Qualified Vendor submit a monthly accounting of expenditures, and changes the individual to whom the accounting of expenditures is submitted from the consumer’s representative to the member’s representative payee.</p> <p><i>A new Section 8</i></p> <p>5. The Qualified Vendor must submit to the Division no later than the last day of the month a monthly census of all members funded under the developmental home license, including the members’ names, Division identification number (i.e., “ASSISTS”), and any non-Division placements living in the home. The census must identify the Developmental Home provider’s name, address, and telephone number.</p> <p><i>A new Section 9</i></p> <p>6. The Qualified Vendor must notify the member’s Support Coordinator within forty-eight (48) hours of a member moving to another location.</p> <p><i>A new Section 10</i></p>	

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SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
	7. The Qualified Vendor must submit to the Division’s District Quality Assurance the tools used to monitor the developmental homes, the results of any monitoring, and any corrective actions that were requested and implemented. <i>A new Section 15</i>	

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SECTION 7: SERVICE SPECIFICATIONS

HOME HEALTH AIDE

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Requirements and Limitations	<ol style="list-style-type: none"> The member’s individualized care plan be authorized and monitored by the Division’s Health Care Services in conjunction with the member’s Support Coordinator. <i>Section 6.1</i> Home Health Aides must be under the direction and supervision of a registered nurse (“RN”) to provide nursing and nursing-related services. <ol style="list-style-type: none"> The services include monitoring of a member’s medical condition, health maintenance or continued treatment services, and activities of daily living. <i>A new Section 7</i> 			<i>Section 4</i> is deleted which prohibited the service from being provided in conjunction with consumers authorized for Skilled Nursing Facility services or non state-operated ICFs/MR service as the prohibition is stated in <i>Section 3</i> .
Service Objectives	<ol style="list-style-type: none"> The Qualified Vendor must ensure that the member’s individualized care plan is implemented. <i>Section 2 (previously Section 1)</i> The requirement in <i>Section 1</i> that the Qualified Vendor ensure that physician’s order is reviewed every sixty-two (62) days is moved to a <i>new Section 2.1</i> and a new requirement added: <ol style="list-style-type: none"> The Qualified Vendor must have the member’s individualized care plan reviewed by a physician every sixty-two (62) days and authorized and monitored by the Division’s Health Care Services in conjunction with the member’s Support Coordinator. The Qualified Vendor must provide nursing under the direction of an RN. 	<i>Section 3.2.1.3 is changed:</i> Language is added to clarify that catheter hygiene does not include catheter insertion.	<i>Section 3.2.1.5</i> pertaining to eating being among the list of personal care activities is moved to <i>Section 3.2.3</i> pertaining to assisting the member to maintain sufficient nutritional and fluid intake.	“Under the supervision/direction of the RN” is deleted from <i>Section 3.4</i> .

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p><i>Section 3</i></p> <p>4. The Qualified Vendor must monitor the member’s medical condition by determining the member’s compliance with nursing instructions and providing reinforcement as needed and to delete the language “nursing instructions”. <i>Section 3.1.4</i></p> <p>5. The Qualified Vendor must assist the member in activities of daily living to increase physical mobility as part of providing health maintenance or continued treatment service for the member. <i>A new Section 3.2.5</i></p>			
Service Utilization Information			<p><i>Section 3</i> pertaining to service not being provided on the same day as Attendant Care or Housekeeping is provided is moved to a <i>new Section 4</i> in Service Requirements and Limitations.</p>	
Agency Qualifications	<p>The Qualified Vendor must be one of the following:</p> <ol style="list-style-type: none"> 1. A Home Health Agency (HHA) that is licensed by the Arizona Department of Health Services (“ADHS”) and certified by Medicare utilizing RNs, and Licensed Practical Nurses (“LPNs”) under the direction and supervision of an RN, for both intermittent or continuous nursing care; or 2. Under certain circumstances in accordance with AHCCCS, be a Home Health Agency licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or 3. Be an independent, registered nurse approved and authorized by 			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>the Division who works through a private duty, licensed Home Health Agency.</p> <p>4. If the service is delivered through a Home Health Agency, the agency must be Medicare/Medicaid certified.</p> <p><i>A new Section 2</i></p>			
Recordkeeping and Reporting Requirements	<p>Proof of Hours Worked <i>[Section 2(previously Section 3)]</i>:</p> <ol style="list-style-type: none"> 1. A data system is added as another method for recording the proof of hours worked. 2. Each time sheet, equivalent document, of data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked. 3. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment. <p><i>A new Section 2.1</i></p>	<p><i>Section 1 is changed:</i></p> <ol style="list-style-type: none"> 1. Language is added which requires the Qualified Vendor to maintain monthly reports and maintain 2. Language is added which requires the Qualified Vendor to provide a copy of the current signed individualized care plan for each member to the Division’s Health Care Services. 3. The requirement to provide the Division’s Health Care Services nurse with a copy of the signed plan of treatment is deleted. 		<p>The plan of treatment/care plan must be kept current and signed and a copy be sent to the consumer’s Support Coordinator via the Health Care Services nurse to be incorporated into the consumer’s case management file.</p> <p><i>The previous Section 2</i></p>

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SECTION 7: SERVICE SPECIFICATIONS

HOUSEKEEPING

The name of the service is changed from “Housekeeping” to “Homemaker”.

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	<div>1. When the service is provided by a Qualified Vendor, it is the responsibility of the Qualified Vendor to conduct the supervision and monitoring. When the service is provided by an Individual Independent Provider, it is the responsibility of the member’s planning team to decide, prior to the delivery of services, who will conduct the supervision and monitoring. <i>Section 6</i><div>a. A supervisory visit must be conducted annually following the initial supervisory visit,<div>i. Additional supervisory visits might be warranted,</div><div>ii. The visits must be conducted when the direct service staff is working and physical present in the member’s home. <i>Section 6.1</i></div></div><div>b. The Individual Independent Provider may need to be contacted if concerns develop between supervisory and Support Coordinator visits,<div>i. This visit must be initiated not more than five (5) days from initial provision of the service by the Qualified Vendor or Individual Independent Provider and may be made by telephonic contact. <i>Section 6.2</i></div></div></div> <div>2. The “AHCCCS Agency with Choice Member-Directed Service Delivery Model/Option”: <i>A new Section 7</i><div>a. The Qualified Vendor must identify in the QVADS whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model (see the AHCCCS website located at www.azahcccs.gov for additional information regarding the AHCCCS Agency with Choice member-directed service delivery model/option). <i>A new Section 7.1</i></div><div>b. The Qualified Vendor that accepts a service authorization for Attendant Care for a</div></div>		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option to participate in the AHCCCS Agency with Choice member-directed service delivery model, must agree to comply with all AHCCCS rules and policies regarding the Agency with Choice member-directed service delivery model, and to implement the member’s planning document.</p> <p><i>A new Section 7.2</i></p> <p>c. The Qualified Vendor must comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and to ensure that the direct service staff providing Attendant Care is not the member’s individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model.</p> <p><i>A new Section 7.3</i></p> <p>d. A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding A.A.C. R6-6-2109(B), (C), and (D).</p> <p><i>A new Section 7.4</i></p> <p>e. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or member’s representative regarding the co-employment relationship as assessed and authorized by the Division.</p> <p>i. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.</p> <p><i>A new Section 7.5</i></p> <p>f. The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., CPR, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the member as assessed and authorized by the Division.</p> <p>i. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.</p> <p><i>A new Section 7.6</i></p>		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Objectives		<i>Section 2.3 is changed:</i> Language is added which stipulates that the cleaning of household appliances as part of providing assistance to the member to attain or maintain safe and sanitary living conditions includes, but is not limited to, oven and refrigerator.	The reference to the Housekeeping Agreement as it is no longer used by the Division. <i>Section 1</i>
Direct Service Staff Training Requirements	<p>1. The Qualified Vendor shall ensure that direct service staff complies with the standards and requirements set forth in Section 5.3 in <i>Service Requirements/Scope of Work</i> of the QVA before providing direct services alone with members. (This replaces the prior reference to Section 5.3.5, Direct Service Training Requirements) <i>A new Section 1</i></p> <p>2. “AHCCCS Direct Care Worker Training and Testing”:</p> <p>a. The Qualified Vendor must ensure that direct service staff comply with the AHCCCS training and testing requirements for Direct Care Services provided by DCWs in accordance with AHCCCS policy and the ACOM (see http://azahcccs.gov/dcw).</p> <p>i. The services provided by DCWs are collectively known as Direct Care Services.</p> <p>ii. A DCW is a person who assists a member with activities necessary to allow him or her to reside in their home. <i>A new Section 2</i></p> <p>b. A caregiver who is an RN, LPN, or Certified Nursing Assistant per A.R.S. Title 32, Chapter 15, is exempted from the DCW training and testing requirements. <i>A new Section 2.1</i></p> <p>c. A DCW with an initial hire date prior to October 1, 2012, is deemed to meet the training and testing requirements with the Qualified Vendor by whom they are currently employed.</p> <p>i. However, if the DCW becomes employed with another agency on or after October 1, 2012, they shall meet the training and testing requirements contained within the AHCCCS policy.</p> <p>ii. All DCWs with an initial hire date on or after October 1, 2012, must meet the DCW training and testing requirements contained within the AHCCCS policy. <i>A new Section 2.2</i></p>		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>d. The DCW must meet the training, testing, and continuing education requirements as per AHCCCS policy and the ACOM, Chapter 429, Direct Care Worker Training and Testing Program; <i>A new Section 2.3</i></p> <p>i. The Qualified Vendor, in order to meet the AHCCCS training and testing requirements for DCWs must: <i>A new Section 2.3.1</i></p> <p>A. Register with AHCCCS to become an Approved Program to provide the testing and training to its employees, <i>A new Section 2.3.1.1</i></p> <p>B. Enter into a direct contracting relationship with an AHCCCS Approved Testing and Training Program which has an AHCCCS Provider Identification Number to provide the testing and training to its employees, or <i>A new Section 2.3.1.2</i></p> <p>C. Enter into a direct contracting agreement with a Private Vocational Program (an AHCCCS Approved Program that does not have an AHCCCS Provider Identification Number or a subsidiary of a Direct Care Service agency), and <i>A new Section 2.3.1.3</i></p> <p>D. Meet all applicable requirements specified in the AMPM and all requirements included in the AHCCCS Provider Participation Agreement. <i>A new section 2.3.1.4</i></p> <p>e. The Qualified Vendor is responsible for assurance that the DCW is in compliance with the AHCCCS policy for Direct Care Services. <i>A new Section 2.4</i></p> <p>f. The Qualified Vendor must comply with recommendations and requirements resulting from the routine monitoring and supervision of the DCW to ensure competence in the direct care service being provided. The monitoring and supervision may also provide assistance with any adjustment issues between the member and the DCW. <i>A new Section 2.5</i></p>		
Recordkeeping and Reporting Requirements	<p>1. Proof of Hours Worked [Section 2 (previously Section 3)]:</p> <p>a. The Qualified Vendor must maintain <u>daily records</u> on file <u>as proof of the number of</u> hours</p>		The Qualified Vendor shall to maintain a copy of the Housekeeping Agreement on

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>worked by <u>each</u> direct service staff <u>providing direct service to members</u>.</p> <p>b. A data system is added as another method for recording the proof of hours worked.</p> <p>c. Each time sheet, equivalent document, of data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</p> <p>d. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</p> <p><i>A new section # 2.1</i></p> <p>2. The Qualified Vendor, for the AHCCCS DCW Testing and Training, must verify and document the DCW’s related educational and work experiences, to keep records on continuing education (including hours and topics, and to document and maintain in the DCW’s personnel file all monitoring and supervision assessments.</p> <p><i>New Sections 4, 4.1, 4.2, and 4.3</i></p>		<p>file and make it available to the consumer/family/consumer’s representative and/or Division upon request.</p> <p><i>The Division no longer uses the Housekeeping Agreement.</i></p> <p><i>The previous Section 1</i></p>

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SECTION 7: SERVICE SPECIFICATIONS

INDIVIDUAL SUPPORTED EMPLOYMENT

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Objectives for Job Coaching			<div>1. The Qualified Vendor must participate with the consumer’s ISP team to develop and implement a Job Coaching Agreement that identifies employment outcomes for each consumer receiving the service (<i>the Division no longer uses the Job Coaching Agreement</i>). <i>The previous Section 1</i></div> <div>2. The reference to the Job Coaching Agreement <i>Section 6 (previously Section 7).</i></div>
Service Utilization Information for Job Coaching			<div>The reference to the Job Coaching Agreement pertaining to typical utilization. <i>Section 2 (previously Section 1)</i></div>
Recordkeeping and Reporting Requirements	<div>Proof of Hours Worked: The Qualified Vendor must maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct service to members. <i>A new Section 1</i></div> <div>1. Each time sheet, equivalent document, or data system to contain the original signature or other independent verification of the member/member’s representative after service delivery confirming the hours worked.</div> <div>2. The proof of hours worked be signed or verified by the member/member’s representative before the</div>		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	Qualified Vendor submits the claim for payment. <i>A new Section 1.1</i>		
Recordkeeping and Reporting Requirements For Job Coaching		<i>Section 1 is changed:</i> Submission of quarterly individualized progress reports on members: <ol style="list-style-type: none"> 1. Language is added to clarify that the quarter is based on the member’s annual planning cycle. 2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. 3. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 	The Qualified Vendor must maintain signed and approved Job Coaching Agreements. <i>The previous Section 4</i>
Recordkeeping and Reporting Requirements For Job Search		<i>Section 1 is changed:</i> Submission of quarterly individualized progress reports on members: <ol style="list-style-type: none"> 1. Language is added to clarify that the quarter is based on the member’s annual planning cycle. 2. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. 3. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 	

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SECTION 7: SERVICE SPECIFICATIONS

NURSING

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	The Qualified Vendor must ensure that an individual nurse does not work for more than sixteen (16) hours for any consecutive twenty-four hour (24-hour) period. <i>A new Section 5</i>		
Service Objectives		<ol style="list-style-type: none"> <i>Section 2 is changed:</i> Language is added to clarify intermittent skilled nursing services to the member includes a visit. <i>Section 4 is changed:</i> Language is added that the training and technical assistance provided to other appropriate individuals may include activities such as helping the member understand his/her own medical needs and training primary caregivers. 	Language in <i>Section 3.1.4</i> pertaining to “on behalf of the member” from the objective of consulting with the educational community, as needed, and when necessary providing training to educators.
Service Utilization Information		<p><i>Section 2 is changed:</i> Language is added to clarify that intermittent skilled nursing services to the member includes a visit or intermittent nursing and continuous skilled nursing services to the member includes continuous nursing or nursing Respite.</p> <ol style="list-style-type: none"> Intermittent nursing visit is less than fifty-five (55) minutes per visit. <i>A new Section 2.1</i> Intermittent nursing exceeds one (1) hour in length but will not exceed two (2) hours per visit and is limited to four (4) hours in one (1) calendar day. 	

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
		<p><i>A new Section 2.2</i></p> <p>3. Continuous nursing is more than two (2) continuous hours or more than four (4) hours in one (1) calendar day.</p> <p><i>A new Section 2.3</i></p> <p>4. Nursing Respite is to relieve a family member or other person caring for the member when the Respite service needs to be provided by a skilled nurse. A benefit year is October 1st through September 30th.</p> <p><i>A new Section 2.4</i></p>	
Agency Qualifications	<p>The Qualified Vendor to be one of the following:</p> <ol style="list-style-type: none"> 1. A HHA that is licensed by the ADHS and certified by Medicare utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or 2. Under certain circumstances in accordance with AHCCCS, be a HHA licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or 3. Be an independent, registered nurse approved and authorized by the Division who works through a private duty, licensed HHA. 4. Medicare/Medicaid certified if the service is delivered through a HHA 5. Have an National Provider Identifier (“NPI”). <p><i>New Sections 2, 2.1 through 2.5</i></p>		
Recordkeeping and Reporting Requirements	<ol style="list-style-type: none"> 1. The Qualified Vendor must adhere to the requirements of “non-provision of service” as required by Division policy and Section 5.2.6 in Service Requirements/Scope of Work of the QVA. <p><i>A new Section 1</i></p>	<p><i>Section 9 (previously Section 8) is changed:</i> Thee Qualified Vendor must notify the Division’s Health Care Services Nurse, rather than the District, when the member’s skilled needs change prior to the renewal of the sixty-two (62) day physician order.</p>	

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>2. Proof of Hours Worked [Section 8 (previously Section 7)]:</p> <p>a. The Qualified Vendor must maintain <u>daily records</u> on file as proof of <u>the number of</u> hours worked by each <u>direct service</u> staff <u>providing direct service to members</u>.</p> <p>b. A data system is added as another method to record proof of hours worked.</p> <p>c. Each time sheet, equivalent document, of data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</p> <p>d. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</p> <p><i>A new Section 8.1</i></p>		

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SECTION 7: SERVICE SPECIFICATIONS

OCCUPATIONAL THERAPY, EARLY INTERVENTION

The service is removed from the RFQVA due to the Department’s implementation of the Team-Based Early Intervention Services Model. The service will no longer be a Qualified Vendor service as the service is transitioning to Program Contractors that have been selected by the Department.

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SECTION 7: SERVICE SPECIFICATIONS

OCCUPATIONAL THERAPY

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Description		<ol style="list-style-type: none"> Language is added to clarify that the service must develop and train members and their caregivers in therapeutic activities in order for the member and caregivers to be able to implement activities throughout the member’s day (referred to as a “home program”). Language is added to clarify that evaluation, assessment, training, and treatment are based on outcomes identified in the member’s planning document. 		<ol style="list-style-type: none"> Language which described the service as providing consultation/coaching to teams. Language which described treatments designed to maintain or improve participation and independence in activities that support functional outcomes.
Service Requirements and Limitations	<ol style="list-style-type: none"> The service must utilize a style of interaction to build the capacity of the member/family/caregivers to meet the member’s planning document outcomes. <i>Section 5</i> 	<ol style="list-style-type: none"> <i>Section 3.8 (previously Section 4) is changed:</i> <ol style="list-style-type: none"> The existing stipulation which allows for the service to be provided during Day Treatment and Training is now <i>a new Section 3.8</i>. Some new stipulations are added: <ol style="list-style-type: none"> The service may be providing during Day Treatment and Training as identified on the member’s planning document under the following circumstances: <ol style="list-style-type: none"> With the Day Treatment and Training staff present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, or <p><i>A new Section 3.8.1</i></p>	<ol style="list-style-type: none"> The service settings that were listed in <i>Section 1</i> are moved to <i>a new Section 3</i>. The service must be provided with a caregiver/responsible person present and participating in the therapy session is moved to create <i>a new Section 2</i> from <i>the previous Section 6</i>. 	<ol style="list-style-type: none"> The therapist cannot provide direct services during the student’s school hours. <ol style="list-style-type: none"> A therapist may go to school to observe, provide technical assistance and collaboration. <i>The previous Sections 3 and 3.1</i> The service must be included in the member’s individualized care plan. <ol style="list-style-type: none"> The care plan must be reviewed at least every sixty-two (62) days. <i>Section 6 (previously Section 7)</i>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>2) At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program.</p> <p>A. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring.</p> <p><i>A new Section 3.8.2</i></p> <p>2. <i>Section 6 (previously Section 7) is changed:</i> Language is added to clarify that that an evaluation does not require a physician’s prescription</p>		
Service Goals	Eating is added in association with feeding. <i>Section 1.3</i>	<p>1. <i>Section 2 is changed:</i> The language “of the consumer and the consumer’s family/caregiver to promote the consumer’s development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships” is deleted and replaced with “to participate in”. The section now reads: “To support and enhance the member’s ability to participate in activities, routines, and events of everyday life.”</p> <p>2. <i>Section 3 (previously Section 2) is changed:</i></p> <p>a. The language “focus on functional and meaningful outcomes for consumers that”, “their independence” and “in their community through the activities that interest and fulfill</p>	<p><i>The previous Section 6 in Service Objectives is moved here to create a new Section 1.</i></p> <p>1. The introductory statement is changed from “The therapist completes an evaluation/assessment of the consumer’s skills and needs in the following areas;” to “To address the member’s unique skills in the following areas;”.</p> <p>2. <i>The previous Sections 6.1 through 6.5 in Services Objectives are moved to here to create new Sections 1.1 through 1.5.</i></p>	

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		them” are deleted and replaced with “assist the member and the family/caregivers in”, “[support]ing the member’s development”, and “to incorporate learning opportunities throughout the existing daily routine”. The section now reads, “To assist the member and the family/caregivers in supporting the member’s development and participation to incorporate learning opportunities throughout the existing daily routine.”		
Service Objectives	<ol style="list-style-type: none"> 1. The Qualified Vendor must ensure that the evaluation/assessment addresses the concerns and questions of the member’s planning team as identified in the member’s planning document. <i>Section 1.1</i> 2. The therapist must identify potential strategies/teaming methodologies to meet the therapy outcomes. <i>A new Section 2.4</i> 3. The therapist must assess and establish a functional maintenance program for the member to achieve the outcomes when therapy is no longer reasonable and necessary on a regular basis. <i>A new Section 5</i> <ol style="list-style-type: none"> a. The therapist must reassess and revise the maintenance program as needed. <i>A new Section 5.1</i> 4. The Qualified Vendor must ensure that 	<ol style="list-style-type: none"> 1. <i>Section 1.3.4 (previously from Section 1.1) is changed:</i> It includes the existing requirement that the Qualified Vendor must ensure that the evaluation/assessment of the member’s development includes a direct observation. Language is added to clarify that the therapist conducts the direct observation. Language is deleted: “and consultation with others to gather input regarding daily routines, supports, strengths and concerns”. The section now reads: “Direct observations by the therapist; and”. 2. <i>Section 1.4 (previously Section 1.5) is changed:</i> <ol style="list-style-type: none"> a. Language is added to the beginning of the requirement the language: 1) “The evaluation/assessment must result in written evaluation” reports, and 2) “The reports shall.”. b. <i>The previous Section 1.5</i> is now separated into four new sections: <ol style="list-style-type: none"> i. <i>A new Section 1.4.1 is added:</i> which includes the existing requirement that the concerns and questions of the member’s planning team be addressed, now related 	<ol style="list-style-type: none"> 1. <i>The previous Section 1.3 is moved to create a new Section 1.2 in Service Objectives:</i> The evaluation must be conducted by a qualified therapist trained to use appropriate methods and procedures for the member being evaluated. 2. <i>The previous Section 2.2.1 is moved to create a new Section 2.3</i> which is the existing requirement that potential outcomes be incorporated into the member’s planning document, and changes the requirement so that the therapist is responsible rather than the ISP team. 3. <i>The previous Section 5.1 is moved to a new Section 2.5</i> which is the existing requirement that the therapist documents and reports progress toward therapy outcomes. <ol style="list-style-type: none"> a. The language “systematically and use this information to develop, 	<ol style="list-style-type: none"> 1. <i>From Section 1</i> the language “participates in” from the therapist’s role in the evaluation/assessment of the member’s development. 2. The evaluation/assessment procedures must include consideration of the consumer’s developmental capabilities across all domains (cognitive, physical, vision and hearing, communication, social-emotional and adaptive development) that impact their ability to 1) engage or participate, 2) develop social relationships, and 3) be independent. <i>The previous Section 1.2</i> 3. <i>The previous Section 1.4</i> which required the evaluation/assessment procedures and materials selected are administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is clearly not

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>discharge planning is assessed throughout service delivery. <i>A new Section 6</i></p>	<p>ii. to the evaluation/ assessment report. <i>A new Section 1.4.2 is added:</i> The term “Recommend” is added to the beginning of the requirement. The language “generates in initiating an evaluation/ assessment, address the” is deleted and the language “and strategies for the member’s planning document” is added. The section now reads, “Recommend outcomes and strategies for the member’s planning document;”</p> <p>iii. <i>A new Section 1.4.3 is added:</i> It includes the existing requirement for incorporation into the member’s daily routine, adds to the beginning of the requirement “Recommend a home program”. The language “and includes documentation of how therapeutic activities are” is deleted. The section now reads, “Recommend a home program to be incorporated into the member’s daily routine;”</p> <p>iv. <i>A new Section 1.4.4 is added:</i> It includes the existing requirement that the report include other recommendations such as equipment needs.</p> <p>3. <i>Section 2.1 is changed:</i></p> <p>a. The requirement that the therapist assists the consumer and/or the family in identifying their priorities, resources and interests is deleted.</p> <p>b. <i>The previous Section 3 is moved to Section 2.1:</i> The language “The therapist, as a member of the team”, “and consults”, “members (including school programs and other therapists)”, and “Techniques or modalities should support one another and not</p>	<p>review and evaluation the plan” is deleted.</p> <p>4. Language from <i>the previous Section 2</i> pertaining to “collaborates with consumers/families, caregivers, support coordinators, and other professionals to develop and implement the ISP. The therapist.” is moved to <i>a new Section 3</i>.</p> <p>a. Language is added to <i>the new Section 3</i> which requires that the therapist/therapy assistant must by:”</p> <p>4. <i>The previous Section 2 is moved to create a new Section 3.</i></p> <p>a. The language “collaborates with consumers/family, support coordinators, and other” and “develop and” is deleted.</p> <p>b. The previous Section 4 language pertaining to “therapy assistant” is added.</p> <p>c. “/objectives/goals” is deleted.</p> <p>d. The section now reads, “The therapist/therapy assistant provides intervention, treatment, and training when professional skills are required to implement outcomes of the member’s planning document.</p> <p>5. <i>The previous Section 4 is moved and embedded in a new Section 3</i> which is the existing requirement that therapist provide intervention, treatment</p>	<p>feasible to do so, and the process and materials are not racially or culturally discriminatory. This requirement is contained in Section 5 in <i>Service Requirements/Scope of Work</i> and Section 6, <i>DES/DDD Standard Terms and Conditions for Qualified Vendors</i> of the QVA.</p> <p>4. The ISP team must identify the supports and strategies that will assist the consumer/family to incorporate therapeutic activities into their daily routines. The team shall ensure that all strategies developed with the family and caregivers are: 1) relevant to the consumer’s/family’s priorities, resources, and concerns; 2) directly linked to the consumer’s daily routines; and 3) based on a holistic understanding of the consumer’s life. <i>The previous Section 2.2.2</i></p> <p>5. The therapist attends and contributes as necessary to the ISP meeting and ongoing review of therapy-related outcomes. <i>The previous Section 5</i></p> <p>6. The therapist, as a member of the team, documents and reports progress toward therapy outcomes systematically and use this information to develop, review and evaluate the plan. <i>The previous Section 5.1</i></p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>contraindicate each other” is deleted. The section now reads, “Collaborating with the planning team to ensure that all services, supports, and strategies are coordinated and focus on assisting the member and his/her caregivers to participate in desired activities.”</p> <p>4. <i>Section 4 (formerly Section 2.2.2.1) is changed:</i> The previous Section 2.2.2.1 is now separated into five new sections:</p> <p>a. <i>A new Section 4.1 is added:</i> It incorporates the existing requirement that the home program must contain specific activities that the family and caregivers can do each day to help the member meet his/her outcomes. Language is added stipulating that the home program must also include activities that the member can do each day to meet his/her outcomes.</p> <p>b. <i>A new Section 4.2 is added:</i> The home program must be part of the member’s daily routines.</p> <p>c. <i>A new Section 4.3 is added:</i> The home program must be reviewed and updated by the therapist as part of all treatment sessions.</p> <p>d. <i>A new Section 4.4 is added:</i> The home program must be documented in each quarterly report including progress, oversight, changes, and/or additions.</p>	<p>and training when professional skills are required to implement the outcomes of the member’s planning document.</p> <p>5. <i>The previous Section 5.2 which requires the therapist to maintain contact notes for each session and provides them to the Division is moved to create a new Section 2 in Recordkeeping and Reporting Requirements.</i></p> <p>6. <i>The previous Sections 6, 6.1-6.4 are moved to create new Sections 1, 1.1-1.4 in Service Goals.</i></p>	<p>7. The therapist must cooperate with the Support Coordinator to ensure that the ISP for this service includes 1) identification of the appropriate service delivery setting; 2) how progress on the ISP functional outcomes is to be measured, (3) methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes; and 4) the potential for developing the consumer’s natural supports and non-paid relationships to assist the consumer in acquiring and maintaining skills that maximize the consumer’s benefit from therapy intervention. <i>The previous Sections 7, 7.1, 7.2, 7.3, and 7.4</i></p>
Service Utilization Information	<p>1. The outcomes identified in the member’s planning document support the model of service delivery. <i>A new Section 2</i></p> <p>2. The therapist must make</p>		<p>1. The first statement in the section, “This service is for consumers over age three (3)”, is moved to <i>Section 1 of Service Requirements and Limitations</i>.</p> <p>2. <i>Section 1:</i> The language pertaining to</p>	<p>The following language in <i>Section 1</i>: “ISP shape the”.</p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	recommendations for needed equipment, possible adaptations, and repairs and supports the member in its use. <i>Section 8 (previously Section 6)</i>		service delivery methods, times, days and locations and meet the requirements of the member, the member’s representative, and his/her caregivers is moved <i>to new Section 7</i> . 4. The <i>previous Section 6</i> requirement that the therapist monitors any equipment is moved <i>to create a new Section 8.1</i> . a. The language “that supports the member’s outcomes related to their discipline” is added. b. The words “as appropriate” are deleted. c. The section now reads, “The therapist monitors any equipment that supports the member’s outcomes related to their discipline.”	
Direct Service Staff Qualifications	Each Occupational Therapist must have a National Provider Identifier (“NPI”). <i>A new Section 1.2</i>			
Recordkeeping and Reporting Requirements	1. The Qualified Vendor must submit an evaluation report to the member/ member’s representative and the PCP within three (3) weeks of completion of the evaluation. <i>Section 1</i> 2. The content of the discharge summary report must include, at a minimum, the	<i>Section 3 (previously Section 2) is changed:</i> Submission of quarterly individualized progress reports on members: 1. Language is added which requires the Qualified Vendor to submit quarterly individualized progress reports to the member’s representative and PCP. 2. Language is added to clarify that the quarter is based on the member’s annual planning cycle.	1. The <i>previous Section 5.2 in Service Objectives</i> which requires the Qualified Vendor to ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division, as requested, is moved here <i>to create a new Section 2</i> . 2. The <i>previous Section 8</i> which requires	1. The language, “the relationship between the service and the outcome it is intended to achieve as identified on the ISP and adhere to” is removed from <i>the new Section 3.1 (previously Section 2)</i> . 2. If the therapist is asking for verification of “on behalf of time,”

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>Division’s discharge summary reporting requirements as identified on the Quarterly Therapy Progress/Discharge Report form. <i>A new Section 4.1</i></p> <p>3. Proof of Hours Worked [Section 5 (previously Section 3)]:</p> <p>a. The Qualified Vendor must maintain <u>daily records on file as proof of the number of hours worked by each direct service staff (therapist, <u>therapy assistant</u>) providing direct service to members.</u></p> <p>b. A data system is added as another method for recording the proof of hours worked by direct service staff.</p> <p>c. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</p> <p>d. The proof of hours worked must be signed or verified by the member/ member’s representative before the Qualified Vendor submits the claim for payment. <i>A new Section 5.1</i></p>	<p>3. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated.</p> <p>4. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</p> <p>2. The Qualified Vendor must submit a discharge summary to the member’s Support Coordinator, the member/ member’s representative, and the member’s Primary Care Physician no later than the tenth (10th) business day (rather than fourteen days) after closure of services or a change of a Qualified Vendor. <i>Section 4 (previously Section 8)</i></p>	<p>the Qualified Vendor to submit a discharge summary is moved here to <i>replace Section 4.</i></p> <p>3. <i>The previous Section 7</i> which requires the Qualified Vendor to provide and maintain current information about availability, capacity, and contact information in the Division’s Therapy Directory as directed by the Division is moved here to <i>replace Section 8.</i></p>	<p>the consumer must be provided with detail as to those activities. “On behalf of” does not include report writing as that activity has been calculated as a factor in the published rate. <i>Section 5.1 (previously Section 3)</i></p> <p>3. In order to continue the service, the Qualified Vendor must review and document in each quarterly report the consumer’s progress toward the outcomes, including the strengths and challenge of the consumer, family, caregivers or others. <i>The previous Section 4</i></p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

PERSON-CENTERED PLANNING FACILITATION

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Objectives		<i>Section 1.3 is changed:</i> The person-centered plan must be recorded	
Service Utilization Information			<div><div>1. The service is limited to members who are eligible for ALTCS. <i>The previous Section 1</i></div><div>2. The service must be provided to young adults 18-25 years of age who have families requesting the use of Attendant Care services provided by a family member. <i>Section 2 (previously Section 1)</i></div></div>
Recordkeeping and Reporting Requirements	The signed receipt must be signed or verified by the member/ member’s representative before the Qualified Vendor submits the claim for payment. <i>Section 3</i>		

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

PHYSICAL THERAPY, EARLY INTERVENTION

The service is removed from the RFQVA due to the Department’s implementation of the Team-Based Early Intervention Services Model. The service will no longer be a Qualified Vendor service as the service is transitioning to Program Contractors that have been selected by the Department.

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

PHYSICAL THERAPY

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Description		<ol style="list-style-type: none">1. Language is added to clarify that the service must develop and train members and their caregivers in therapeutic activities in order for the member and caregivers to be able to implement activities throughout the member’s day (referred to as a “home program”).2. Language is added to clarify that evaluation, assessment, training, and treatment are based on outcomes identified in the member’s planning document.		<ol style="list-style-type: none">1. Language which described the service as providing consultation/coaching to teams.2. Language which described treatments designed to maintain or improve participation and independence in activities that support functional outcomes.
Service Requirements and Limitations	<ol style="list-style-type: none">1. The service must utilize a style of interaction to build the capacity of the member/family/caregivers to meet the member’s planning document outcomes. <i>Section 5</i>	<ol style="list-style-type: none">1. <i>Section 3.8 (previously Section 4) is changed:</i><ol style="list-style-type: none">a. The existing stipulation which allows for the service to be provided during Day Treatment and Training is now <i>a new Section 3.8</i>.b. Some new stipulations are added:<ol style="list-style-type: none">i. The service may be providing during Day Treatment and Training as identified on the member’s planning document under the following circumstances:<ol style="list-style-type: none">1) With the Day Treatment and Training staff present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, or<i>A new Section 3.8.1</i>	<ol style="list-style-type: none">1. The service settings that were listed in <i>Section 1</i> are moved to <i>a new Section 3</i>.2. The service must be provided with a caregiver/responsible person present and participating in the therapy session is moved to create <i>a new Section 2</i> from <i>the previous Section 6</i>.	<ol style="list-style-type: none">1. The therapist cannot provide direct services during the student’s school hours.<ol style="list-style-type: none">a. A therapist may go to school to observe, provide technical assistance and collaboration. <i>The previous Sections 3 and 3.1</i>2. The service must be included in the member’s individualized care plan.<ol style="list-style-type: none">a. The care plan must be reviewed at least every sixty-two (62) days. <i>Section 6 (previously Section 7)</i>

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OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>2) At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program.</p> <p>A. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring.</p> <p><i>A new Section 3.8.1</i></p> <p>2. <i>Section 6 (previously Section 7) is changed:</i> Language is added to clarify that that an evaluation does not require a physician’s prescription</p>		
Service Goals		<p>1. <i>Section 2 is changed:</i> The language “consumer, family/caregiver’s” and “to promote the consumer’s development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships” is deleted and replaced with “to participate in”.</p> <p>a. The section now reads: “To support and enhance the member’s ability to participate in activities, routines, and events of everyday life.”</p> <p>2. <i>Section 3 (previously Section 2) is changed:</i></p> <p>a. The language “focus on functional and meaningful outcomes for consumers that”, “their independence” and “in their community</p>	<p><i>The previous Section 6 in Service Objectives is moved here to create a new Section 1.</i></p> <p>1. The introductory statement is changed from “The therapist completes an evaluation/assessment of the consumer’s skills and needs in the following areas;” to “To address the member’s unique skills in the following areas:”.</p> <p>2. <i>The previous Sections 6.1 through 6.4 in Services Objectives are moved to here to create new Sections 1.1 through 1.4.</i></p>	

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>through the activities that interest and fulfill them” are deleted and replaced with “assist the member and the family/caregivers in”, “[support]ing the member’s development”, and “to incorporate learning opportunities throughout the existing daily routine”.</p> <p>b. <i>Section 3</i> now reads, “To assist the member and the family/caregivers in supporting the member’s development and participation to incorporate learning opportunities throughout the existing daily routine.”</p>		
Service Objectives	<p>1. The Qualified Vendor must ensure that the evaluation/assessment addresses the concerns and questions of the member’s planning team as identified in the member’s planning document. <i>Section 1.1</i></p> <p>2. The therapist must identify potential strategies/teaming methodologies to meet the therapy outcomes. <i>A new Section 2.4</i></p> <p>3. The therapist must assess and establish a functional maintenance program for the member to achieve the outcomes when therapy is no longer reasonable and necessary on a regular basis. <i>A new Section 5</i></p> <p>a. The therapist must reassess and revise the maintenance program as needed. <i>A new Section 5.1</i></p>	<p>1. <i>Section 1.3.4 (previously from Section 1.1) is changed:</i></p> <p>a. It includes the existing requirement that the Qualified Vendor must ensure that the evaluation/assessment of the member’s development includes a direct observation.</p> <p>b. Language is added to clarify that the therapist conducts the direct observation.</p> <p>c. Deletes the language “and consultation with others to gather input regarding daily routines, supports, strengths and concerns”.</p> <p>d. The section now reads: “Direct Observations by the therapist; and”.</p> <p>2. <i>Section 1.4 (previously Section 1.5) is changed:</i></p> <p>a. Language is added to the beginning of the requirement the language: 1) “The evaluation/assessment must result in written evaluation” reports, and 2) “The reports shall:”.</p> <p>b. <i>The previous Section 1.5</i> is now separated into four new sections:</p> <p>i. <i>A new Section 1.4.1</i> is added which</p>	<p>1. <i>The previous Section 1.3 is moved to create a new Section 1.2 in Service Objectives:</i> The evaluation must be conducted by a qualified therapist trained to use appropriate methods and procedures for the member being evaluated.</p> <p>2. <i>The previous Section 2.2.1 is moved to create a new Section 2.3</i> which is the existing requirement that potential outcomes be incorporated into the member’s planning document, and changes the requirement so that the therapist is responsible rather than the planning team.</p> <p>3. <i>The previous Section 5.1 is moved to a new Section 2.5</i> which is the existing requirement that the therapist documents and reports progress toward therapy outcomes.</p> <p>a. The language “systematically and</p>	<p>1. <i>From Section 1</i> the language “participates in” from the therapist’s role in the evaluation/assessment of the member’s development.</p> <p>2. The evaluation/assessment procedures must include consideration of the consumer’s developmental capabilities across all domains (cognitive, physical, vision and hearing, communication, social-emotional and adaptive development) that impact their ability to 1) engage or participate, 2) develop social relationships, and 3) be independent. <i>The previous Section 1.2</i></p> <p>3. <i>The previous Section 1.4</i> which required the evaluation/assessment procedures and materials selected are administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is</p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>4. The Qualified Vendor must ensure that discharge planning is assessed throughout service delivery. <i>A new Section 6</i></p>	<p>includes the existing requirement that the concerns and questions of the member’s planning team be addressed, now related to the evaluation/ assessment report.</p> <p>ii. The term “Recommend” is added to the beginning of the requirement.</p> <p>A. The language “generates in initiating an evaluation/ assessment, address the” and adds the language “and strategies for the member’s planning document” is deleted.</p> <p>B. The section now reads, “Recommend outcomes and strategies for the member’s planning document;” <i>A new Section 1.4.2</i></p> <p>iii. Includes the existing requirement for incorporation into the member’s daily routine, adds to the beginning of the requirement “Recommend a home program”.</p> <p>A. Deletes the language “and include documentation of how therapeutic activities are”.</p> <p>B. The section now reads, “Recommend a home program to be incorporated into the member’s daily routine;” <i>A new Section 1.4.3</i></p> <p>iv. The existing requirement that the report include other recommendations such as equipment needs. <i>A new Section 1.4.4</i></p> <p>3. <i>Section 2.1 is changed:</i></p> <p>a. The requirement that the therapist assists the consumer and/or the family in identifying their priorities, resources and interests is deleted.</p>	<p>use this information to develop, review and evaluation the plan” is deleted.</p> <p>4. Language from <i>the previous Section 2</i> pertaining to “collaborates with consumers/families, caregivers, support coordinators, and other professionals to develop and implement the ISP. The therapist;” is moved to <i>a new Section 3</i>.</p> <p>a. Language is added to <i>the new Section 3</i> which requires that the therapist/therapist assistant participates as a member of the planning team by:”</p> <p>4. <i>The previous Section 2 is moved to create a new Section 3.</i></p> <p>a. The language “collaborates with consumers/family, support coordinators, and other” and “develop and” is deleted.</p> <p>b. The previous Section 4 language pertaining to “therapy assistant” is added.</p> <p>c. “/objectives/goals” is deleted.</p> <p>d. The section now reads, “The therapist/therapy assistant provides intervention, treatment, and training when professional skills are required to implement outcomes of the member’s planning document.</p> <p>5. <i>The previous Section 4 is moved and embedded in a new Section 3</i> which is</p>	<p>clearly not feasible to do so, and the process and materials are not racially or culturally discriminatory. This requirement is contained in Section 5 in <i>Service Requirements/Scope of Work</i> and Section 6, <i>DES/DDD Standard Terms and Conditions for Qualified Vendors</i> of the QVA.</p> <p>4. The ISP team must identify the supports and strategies that will assist the consumer/family to incorporate therapeutic activities into their daily routines. The team shall ensure that all strategies developed with the family and caregivers are: 1) relevant to the consumer’s/family’s priorities, resources, and concerns; 2) directly linked to the consumer’s daily routines; and 3) based on a holistic understanding of the consumer’s life. <i>The previous Section 2.2.2</i></p> <p>5. The therapist attends and contributes as necessary to the ISP meeting and ongoing review of therapy-related outcomes. <i>The previous Section 5</i></p> <p>6. The therapist, as a member of the team, documents and reports progress toward therapy outcomes systematically and use this information to develop, review and evaluate the plan. <i>The previous Section 5.1</i></p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>b. <i>The previous Section 3 is moved to Section 2.1</i></p> <p>c. The language “The therapist, as a member of the team”, “and consults”, “members (including school programs and other therapists)”, and “Techniques or modalities should support one another and not contraindicate each other” are deleted.</p> <p>d. The section now reads, “Collaborating with the planning team to ensure that all services, supports, and strategies are coordinated and focus on assisting the member and his/her caregivers to participate in desired activities.”</p> <p>4. <i>Section 4 (formerly Section 2.2.2.1) is changed: The previous Section 2.2.2.1 is now separated into five new sections:</i></p> <p>a. <i>A new Section 4.1 is added which incorporates the existing requirement that the home program must contain specific activities that the family and caregivers can do each day to help the member meet his/her outcomes</i></p> <p>i. Added is that the home program must also include activities that the member can do each day to meet his/her outcomes.</p> <p>b. The home program must be part of the member’s daily routines. <i>A new Section 4.2</i></p> <p>c. The home program must be reviewed and updated by the therapist as part of all treatment sessions. <i>A new Section 4.3</i></p> <p>d. The home program must be documented in each quarterly report including progress, oversight, changes, and/or additions. <i>A new Section 4.4</i></p>	<p>to provide intervention, treatment and training when professional skills are required to implement the outcomes of the member’s planning document.</p> <p>5. <i>The previous Section 5.2 which requires the therapist to maintain contact notes for each session and provides them to the Division is moved to create a new Section 2 in Recordkeeping and Reporting Requirements.</i></p> <p>6. <i>The previous Sections 6, 6.1-6.5 are moved to create new Sections 1, 1.1-1.5 in Service Goals.</i></p>	<p>7. The therapist must cooperate with the Support Coordinator to ensure that the ISP for this service includes 1) identification of the appropriate service delivery setting; 2) how progress on the ISP functional outcomes is to be measured, (3) methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes; and 4) the potential for developing the consumer’s natural supports and non-paid relationships to assist the consumer in acquiring and maintaining skills that maximize the consumer’s benefit from therapy intervention. <i>The previous Sections 7, 7.1, 7.2, 7.3, and 7.4</i></p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Utilization Information	<ol style="list-style-type: none"> The outcomes identified in the member’s planning document support the model of service delivery. <i>A new Section 2</i> The therapist must make recommendations for needed equipment, possible adaptations, and repairs and supports the member in its use. <i>Section 9 (previously Section 6)</i> 		<ol style="list-style-type: none"> The first statement in the section, “This service is for consumers over age three (3)”, is moved to <i>Section 1 of Service Requirements and Limitations</i>. <i>Section 6 (previously Section 5)</i>: The second sentence of the requirement pertaining to service delivery methods, times, days and locations and meet the requirements of the member, the member’s representative, and his/her caregivers is moved to a new <i>Section 7</i>. The <i>previous Section 6</i> requirement that the therapist monitors any equipment is moved to create a new <i>Section 8.1</i>. <ol style="list-style-type: none"> The language “that supports the member’s outcomes related to their discipline” is added. The words “as appropriate” are deleted. The section now reads, “The therapist monitors any equipment that supports the member’s outcomes related to their discipline.” 	The following language in <i>Section 1</i> : “ISP shape the”.
Direct Service Staff Qualifications	<ol style="list-style-type: none"> Physical Therapy Technicians cannot be used to provide this service. <i>A new Section 1.2</i> Each Physical Therapist must have an NPI. <i>A new Section 1.3</i> 			The language, “and who is a graduate of an “accredited physical therapy education program” curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association.” <i>The previous Section 1</i>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Recordkeeping and Reporting Requirements	<ol style="list-style-type: none"> 1. The Qualified Vendor must submit an evaluation report to the member/ member’s representative and the PCP within three (3) weeks of completion of the evaluation. <i>Section 1</i> 2. The Qualified Vendor must submit a discharge summary to the member’s Support Coordinator, the member/ member’s representative, and the member’s PCP no later than the tenth (10th) business day (rather than fourteen days) after closure of services or a change of a Qualified Vendor. <i>Section 4 (previously Section 8)</i> <ol style="list-style-type: none"> a. The content of the discharge summary report must include, at a minimum, the Division’s discharge summary reporting requirements as identified on the Quarterly Therapy Progress/Discharge Report form. <i>A new Section 4.1</i> 3. Proof of Hours Worked [<i>Section 5 (previously Section 3)</i>]: <ol style="list-style-type: none"> a. The Qualified Vendor must maintain <u>daily records</u> on file as proof of <u>the number of hours</u> worked by <u>each</u> direct service staff (therapist, <u>therapy assistants</u>) <u>providing direct service to members</u>. b. A data system is added as another method for recording the proof of 	<p><i>Section 3 (previously Section 2) is changed:</i> Submission of quarterly individualized progress reports on members:</p> <ol style="list-style-type: none"> 1. Language is added which requires the Qualified Vendor to submit quarterly individualized progress reports to the member’s representative and PCP. 2. Language is added to clarify that the quarter is based on the member’s annual planning cycle. 3. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated. 4. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter. 	<ol style="list-style-type: none"> 1. <i>The previous Section 5.2 in Service Objectives</i> which requires the Qualified Vendor to ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division, as requested, is moved here to <i>create a new Section 2</i>. 2. <i>The previous Section 8</i> which requires the Qualified Vendor to submit a discharge summary is moved here to <i>replace Section 4</i>. 3. <i>The previous Section 8</i> which requires the Qualified Vendor to provide and maintain current information about availability, capacity, and contact information in the Division’s Therapy Directory as directed by the Division is moved here to <i>replace Section 4</i>. 	<ol style="list-style-type: none"> 1. The language, “the relationship between the service and the outcome it is intended to achieve as identified on the ISP and adhere to” is removed from <i>the new Section 3.1 (previously Section 2)</i>. 2. If the therapist is asking for verification of “on behalf of time,” the consumer must be provided with detail as to those activities. “On behalf of” does not include report writing as that activity has been calculated as a factor in the published rate. <i>Section 5.1 (previously Section 3)</i> 3. In order to continue the service, the Qualified Vendor must review and document in each quarterly report the consumer’s progress toward the outcomes, including the strengths and challenge of the consumer, family, caregivers or others. <i>The previous Section 4</i>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<div>hours worked by direct service staff.</div> <div>c. Each time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</div> <div>d. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</div> <div>A new Section 5.1</div>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

RESPIRATORY THERAPY

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	<p>The service may be provided by a licensed respiratory practitioner, if skilled nursing personnel are unavailable to provide ventilator dependent care in the Division member’s home or home and community-based approved alternative residential setting, when the following conditions are met:</p> <ol style="list-style-type: none">1. The member’s PCP or physician of record must approve/order the care by the Respiratory Therapist,2. The member’s care requirements must fall within the scope of practice for the licensed Respiratory Therapist as defined in A.R.S. § 32-3501, and3. Orientation to the care needs unique to the member must be provided by the usual caregiver and/or the member. <p><i>A new Section 6 is added</i></p>	<p><i>Section 1 is changed:</i> Language is added to clarify that the service must be performed by a qualified respiratory practitioner under A.R.S. § 32-3501 (respiratory therapist or respiratory therapy technician).</p>	<p>The Qualified Vendor must not deliver the service until certified for this category of service. This requirement is contained in Section 5 of <i>Service Requirements/Scope of Work</i> of the QVA.</p> <p><i>The previous Section 7</i></p>
Service Objectives			<p>The Qualified Vendor must conduct an initial oversight visit to speak with the consumer or their representative regarding the quality of care, delivery of services, and advise the member or their representative of the need to call the Qualified Vendor if care concerns develop between the supervisory and/or Support Coordinator visit and required that this visit be initiated not more than five (5) days from the initial provision of service.</p> <p><i>The previous Section 1</i></p>
Service Utilization Information	<p>The Qualified Vendor must:</p> <ol style="list-style-type: none">1. Obtain written orders from the member’s PCP or physician of record,2. Have the written physician’s orders reviewed every sixty-two (62) days (bimonthly) by the PCP or physician of record, and		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>3. Have it authorized/ monitored by the Division’s Health Care Services in conjunction with the member’s Support Coordinator. <i>A new section 4</i></p>		
Direct Service Staff Qualifications	<p>The direct service staff must be a qualified respiratory practitioner under A.R.S. § 32-3501 (respiratory therapist or respiratory therapy technician). <i>A new Section 1.1</i></p> <p>The direct service staff must have an NPI <i>A new Section 1.4</i></p>		
Agency Qualifications	<p>The Qualified Vendor must be one of the following:</p> <ol style="list-style-type: none"> 1. A HHA that is licensed by the ADHS and certified by Medicare utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or 2. Under certain circumstances in accordance with AHCCCS, be a HHA licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or 3. Be an independent, registered nurse approved and authorized by the Division who works through a private duty, licensed HHA. 4. If the service is delivered through a HHA, the agency must be Medicare/ Medicaid certified. 5. Has an NPI. <i>A new Section 2</i> 		
Recordkeeping and Reporting Requirements	<p>Proof of Hours Worked (<i>Section 3</i>):</p> <ol style="list-style-type: none"> 1. The Qualified Vendor must maintain “daily records” as proof of the number of” hours worked by each direct service staff “providing direct service to members:. <i>Section 3</i> 2. A data system is added as another method to record proof of hours worked. 3. Each time sheet, equivalent document, of data system must contain the original 		

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	signature or other independent verification of the member/member’s representative after service delivery confirming hours worked. 4. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment. <i>A new Section 3.1</i>		

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SECTION 7: SERVICE SPECIFICATIONS

RESpite

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Requirements and Limitations	<div>1. The service may be provided in a group home or developmental home under certain circumstances; however it requires the DPM/designee approval.<div>a. The group home or developmental home must be licensed. <i>Section 1.4</i></div></div> <div>2. The service may be provided in an administrative or service site of the Qualified Vendor, whether the site is owned or leased. <i>Section 1.5</i></div> <div>3. Any administrative service site of the Qualified Vendor or home of the direct service staff must be licensed and/or inspected and certified. <i>Section 2</i></div> <div>4. The service cannot be provided to members living in group homes or vendor supported developmental homes when the home is the member’s primary ongoing residence. <i>Section 5</i></div>	<div>1. <i>Section 1.2 is changed:</i> The service may be provided in the member’s community, deleting the requirement the community site must inspected and approved by the Department.</div> <div>2. <i>Section 6 is changed:</i> The annual limit for the service is decreased from 720 hours to 600 hours.</div>	The home of the direct service staff must be inspected and approved by the ADHS or the DES. <i>Section 1.3</i>
Service Objectives		<i>Section 2.2 is changed:</i> The Qualified Vendor must ensure that, as identified in the member’s planning document and/or routine plan of care, the member is assisted with self-administration of medication or medication reminders. The previous requirement stated that the Qualified Vendor must ensure that the member receives medication as prescribed.	

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
Service Utilization Information	<p>When a member requires respite to be provided by a skilled nurse as assessed by the Division’s Health Care Services Nurse, the service becomes Nursing Respite.</p> <p>1. When providing Nursing Respite, the Qualified Vendor must have applied for and been awarded the service of Nursing.</p> <p><i>A new Section 7</i></p> <p>This service is not intended to be used for the sole purpose of transportation but may be used to provide transportation necessary to support the member’s program activities.</p> <p><i>A new Section 8</i></p>	<p><i>Section 1 is changed:</i> The annual limit for the service is now 600 hours, rather than 720 hours.</p>	
Recordkeeping and Reporting Requirements	<p>1. Proof of Hours Worked (<i>Section 1</i>):</p> <p>a. The Qualified Vendor must maintain <u>daily records</u> as proof of <u>the number of</u> hours worked by each direct service staff <u>providing direct service to members</u>.</p> <p><i>Section 1</i></p> <p>b. A data system is added as another method for recording the proof of hours worked.</p> <p>c. Each time sheet, equivalent document, of data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</p> <p>d. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</p> <p><i>A new Section 1.2</i></p> <p>2. The Qualified Vendor must adhere to the requirements of “non-provision of service” as required by Division policy (see Section 5.2.6 in Service Requirements/Scope of Work in the QVA).</p> <p><i>A new Section 2</i></p>		

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

ROOM AND BOARD – ALL GROUP HOMES

SECTION	REQUIREMENTS / STIPULATIONS	
	Added	Clarified/Changed
Service Requirements and Limitations	<ol style="list-style-type: none">1. The service may be provided in a group home that is licensed by ADHS as a DDD group home upon authorization by the Division. <i>Section 1</i>2. The environment must be safe for all activities of daily living in the home. <i>Section 2.7</i>3. The member must be afforded privacy. <i>A new Section 2.8</i>	<i>Section 2.1 is changed:</i> Language is added to clarify that personal sleeping accommodations include a bed and clean linens.
Service Objectives	The Qualified Vendor must ensure that residents or guardians of residents consent to the ongoing secondary use of the physical residence, that the residence must be zoned for the type of secondary use and has all of the requisite licensures and certifications, and has been approved by the DPM/designee. <i>A new Section 2.1</i>	
Service Utilization Information	<ol style="list-style-type: none">1. The service is authorized for the day. <i>A new Section 2</i>2. If a member is absent from the facility, the Qualified Vendor may bill for Division for the member.<ol style="list-style-type: none">a. However, the Qualified Vendor is not allowed to bill the Division for vacancies.b. An absence exists when the member is not at the Qualified Vendor’s facility but is expected to return.c. A vacancy exists when the member is no longer a resident of the home.<i>A new Section 3</i>	<i>Section 1 is changed:</i> Language is added to clarify that the service is provided to members who have been authorized to receive habilitation services provided in “an ADHS licensed DDD group home; the language “a licensed community residential setting other than developmental homes” is removed.

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

ROOM AND BOARD – VENDOR SUPPORTED DEVELOPMENTAL HOME

SECTION	REQUIREMENTS / STIPULATIONS
	Added
Service Requirements and Limitations	<div><div>1. The home must be licensed by OLCR as a developmental home. <i>Section 1</i></div><div>2. The Qualified Vendor must also provide the service of Habilitation, Vendor Supported Developmental Home (Child and Adult) and to have applied for and been awarded the service. <i>A new Section 2</i></div></div>
Service Utilization Information	<div><div>1. The service is authorized for the day. <i>A new Section 2</i></div><div>2. If a member is absent from the Qualified Vendor’s developmental home, the Qualified Vendor may bill the Division for this resident.<div><div>a. However, the Qualified Vendor is now allowed to bill the Division for vacancies.<div><div>i. An absence exists when the member is not at the Qualified Vendor’s developmental home but is expected to return.</div><div>ii. A vacancy exists when a member is no longer a resident of the Qualified Vendor’s developmental home.</div></div></div></div><div><i>A new Section 3</i></div></div></div>
Recordkeeping and Reporting Requirements	<div><div>The Qualified Vendor to maintain documentation to show that the member was provided with written information regarding the residential responsibilities of the developmental home subcontractor and the member prior to service delivery. <i>A new Section 1</i></div></div>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

SPEECH THERAPY, EARLY INTERVENTION

The service is removed from the RFQVA due to the Department’s implementation of the Team-Based Early Intervention Services Model. The service will no longer be a Qualified Vendor service as the service is transitioning to Program Contractors that have been selected by the Department.

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

SPEECH THERAPY

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Description		<ol style="list-style-type: none"> Language is added to clarify that the service must develop and train members and their caregivers in therapeutic activities in order for the member and caregivers to be able to implement activities throughout the member’s day (referred to as a “home program”). Language is added to clarify that evaluation, assessment, training, and treatment are based on outcomes identified in the member’s planning document. 		<ol style="list-style-type: none"> Language which described the service as providing consultation/coaching to teams. Language which described treatments designed to maintain or improve participation and independence in activities that support functional outcomes.
Service Requirements and Limitations	<ol style="list-style-type: none"> The service must utilize a style of interaction to build the capacity of the member/family/caregivers to meet the member’s planning document outcomes. <i>Section 5</i> 	<ol style="list-style-type: none"> <i>Section 3.8 (previously Section 4) is changed:</i> <ol style="list-style-type: none"> The existing stipulation which allows for the service to be provided during Day Treatment and Training is now <i>a new Section 3.8</i>. Some new stipulations are added: <ol style="list-style-type: none"> The service may be providing during Day Treatment and Training as identified on the member’s planning document under the following circumstances: <ol style="list-style-type: none"> With the Day Treatment and Training staff present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, or <p><i>A new Section 3.8.1</i></p>	<ol style="list-style-type: none"> The service settings that were listed in <i>Section 1</i> are moved to <i>a new Section 3</i>. The service must be provided with a caregiver/responsible person present and participating in the therapy session is moved to create <i>a new Section 2</i> from <i>the previous Section 6</i>. 	<ol style="list-style-type: none"> The therapist cannot provide direct services during the student’s school hours. <ol style="list-style-type: none"> A therapist may go to school to observe, provide technical assistance and collaboration. <i>The previous Sections 3 and 3.1</i> The service must be included in the member’s individualized care plan. <ol style="list-style-type: none"> The care plan must be reviewed at least every sixty-two (62) days. <i>Section 6 (previously Section 7)</i>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>2) At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program.</p> <p>A. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring.</p> <p><i>A new Section 3.8.1</i></p> <p>2. <i>Section 6 (previously Section 7) is changed:</i> Language is added to clarify that that an evaluation does not require a physician’s prescription</p>		
Service Goals		<p>1. <i>Section 2 is changed:</i> The language “consumer, family/caregiver’s” and “to promote the consumer’s development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships” is deleted and replaced with “to participate in”.</p> <p>a. The section now reads: “To support and enhance the member’s ability to participate in activities, routines, and events of everyday life.”</p> <p>2. <i>Section 3 (previously Section 2) is changed:</i></p> <p>a. The language “focus on functional and meaningful outcomes for consumers that”, “their independence” and “in their community</p>	<p><i>The previous Section 6 in Service Objectives is moved here to create a new Section 1.</i></p> <p>1. The introductory statement is changed from “The therapist completes an evaluation/assessment of the consumer’s skills and needs in the following areas;” to “To address the member’s unique skills in the following areas:”.</p> <p>2. <i>The previous Sections 6.1 through 6.7 in Services Objectives are moved to here to create new Sections 1.1 through 1.7.</i></p>	

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>through the activities that interest and fulfill them” are deleted and replaced with “assist the member and the family/caregivers in”, “[support]ing the member’s development”, and “to incorporate learning opportunities throughout the existing daily routine”.</p> <p>b. <i>Section 3</i> now reads, “To assist the member and the family/caregivers in supporting the member’s development and participation to incorporate learning opportunities throughout the existing daily routine.”</p>		
Service Objectives	<p>1. The Qualified Vendor must ensure that the evaluation/assessment addresses the concerns and questions of the member’s planning team as identified in the member’s planning document. <i>Section 1.1</i></p> <p>2. The therapist must identify potential strategies/teaming methodologies to meet the therapy outcomes. <i>A new Section 2.4</i></p> <p>3. The therapist must assess and establish a functional maintenance program for the member to achieve the outcomes when therapy is no longer reasonable and necessary on a regular basis. <i>A new Section 5</i></p> <p>a. The therapist must reassess and revise the maintenance program as needed. <i>A new Section 5.1</i></p>	<p>1. <i>Section 1.3.4 (previously from Section 1.1) is changed:</i></p> <p>a. It includes the existing requirement that the Qualified Vendor must ensure that the evaluation/assessment of the member’s development includes a direct observation.</p> <p>b. Language is added to clarify that the therapist conducts the direct observation.</p> <p>c. Deletes the language “and consultation with others to gather input regarding daily routines, supports, strengths and concerns”.</p> <p>d. The section now reads: “Direct Observations by the therapist; and”.</p> <p>2. <i>Section 1.4 (previously Section 1.5) is changed:</i></p> <p>a. Language is added to the beginning of the requirement the language: 1) “The evaluation/assessment must result in written evaluation” reports, and 2) “The reports shall:”.</p> <p>b. <i>The previous Section 1.5</i> is now separated into four new sections:</p> <p>i. <i>A new Section 1.4.1</i> is added which</p>	<p>1. <i>The previous Section 1.3 is moved to create a new Section 1.2:</i> The evaluation must be conducted by a qualified therapist trained to use appropriate methods and procedures for the member being evaluated.</p> <p>2. <i>The previous Section 2.2.1 is moved to create a new Section 2.3</i> which is the existing requirement that potential outcomes be incorporated into the member’s planning document, and changes the requirement so that the therapist is responsible rather than the planning team.</p> <p>3. <i>The previous Section 5.1 is moved to a new Section 2.5</i> which is the existing requirement that the therapist documents and reports progress toward therapy outcomes.</p> <p>a. The language “systematically and use this information to develop,</p>	<p>1. <i>From Section 1</i> the language “participates in” from the therapist’s role in the evaluation/assessment of the member’s development.</p> <p>2. The evaluation/assessment procedures must include consideration of the consumer’s developmental capabilities across all domains (cognitive, physical, vision and hearing, communication, social-emotional and adaptive development) that impact their ability to 1) engage or participate, 2) develop social relationships, and 3) be independent. <i>The previous Section 1.2</i></p> <p>3. <i>The previous Section 1.4</i> which required the evaluation/assessment procedures and materials selected are administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is</p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>4. The Qualified Vendor must ensure that discharge planning is assessed throughout service delivery. <i>A new Section 6</i></p>	<p>includes the existing requirement that the concerns and questions of the member’s planning team be addressed, now related to the evaluation/ assessment report.</p> <p>ii. The term “Recommend” is added to the beginning of the requirement.</p> <p>A. The language “generates in initiating an evaluation/ assessment, address the” and adds the language “and strategies for the member’s planning document” is deleted.</p> <p>B. The section now reads, “Recommend outcomes and strategies for the member’s planning document;” <i>A new Section 1.4.2</i></p> <p>iii. Includes the existing requirement for incorporation into the member’s daily routine, adds to the beginning of the requirement “Recommend a home program”.</p> <p>A. Deletes the language “and include documentation of how therapeutic activities are”.</p> <p>B. The section now reads, “Recommend a home program to be incorporated into the member’s daily routine;” <i>A new Section 1.4.3</i></p> <p>iv. The existing requirement that the report include other recommendations such as equipment needs. <i>A new Section 1.4.4</i></p> <p>3. <i>Section 2.1 is changed:</i></p> <p>a. The requirement that the therapist assists the consumer and/or the family in identifying their priorities, resources and interests is deleted.</p>	<p>review and evaluation the plan” is deleted.</p> <p>4. Language from <i>the previous Section 2</i> pertaining to “collaborates with consumers/families, caregivers, support coordinators, and other professionals to develop and implement the ISP. The therapist.” is moved to <i>a new Section 3</i>.</p> <p>a. Language is added to <i>the new Section 3</i> which requires that the therapist/therapist assistant participates as a member of the planning team by:”</p> <p>5. <i>The previous Section 2 is moved to create a new Section 3.</i></p> <p>a. The language “collaborates with consumers/family, support coordinators, and other” and “develop and” is deleted.</p> <p>b. The previous Section 4 language pertaining to “therapy assistant” is added.</p> <p>c. “/objectives/goals” is deleted.</p> <p>d. The section now reads, “The therapist/therapy assistant provides intervention, treatment, and training when professional skills are required to implement outcomes of the member’s planning document.</p> <p>6. <i>The previous Section 4 is moved and embedded in a new Section 3</i> which is to provide intervention, treatment and</p>	<p>clearly not feasible to do so, and the process and materials are not racially or culturally discriminatory. This requirement is contained in Section 5 in <i>Service Requirements/Scope of Work</i> and Section 6, <i>DES/DDD Standard Terms and Conditions for Qualified Vendors</i> of the QVA.</p> <p>4. The ISP team must identify the supports and strategies that will assist the consumer/family to incorporate therapeutic activities into their daily routines. The team shall ensure that all strategies developed with the family and caregivers are: 1) relevant to the consumer’s/family’s priorities, resources, and concerns; 2) directly linked to the consumer’s daily routines; and 3) based on a holistic understanding of the consumer’s life. <i>The previous Section 2.2.2</i></p> <p>5. The therapist attends and contributes as necessary to the ISP meeting and ongoing review of therapy-related outcomes. <i>The previous Section 5</i></p> <p>6. The therapist, as a member of the team, documents and reports progress toward therapy outcomes systematically and use this information to develop, review and evaluate the plan. <i>The previous Section 5.1</i></p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
		<p>b. <i>The previous Section 3 is moved to Section 2.1</i></p> <p>c. The language “The therapist, as a member of the team”, “and consults”, “members (including school programs and other therapists)”, and “Techniques or modalities should support one another and not contraindicate each other” are deleted.</p> <p>d. The section now reads, “Collaborating with the planning team to ensure that all services, supports, and strategies are coordinated and focus on assisting the member and his/her caregivers to participate in desired activities.”</p> <p>4. <i>Section 4 (formerly Section 2.2.2.1) is changed: The previous Section 2.2.2.1 is now separated into five new sections:</i></p> <p>a. <i>A new Section 4.1 is added which incorporates the existing requirement that the home program must contain specific activities that the family and caregivers can do each day to help the member meet his/her outcomes</i></p> <p>i. Added is that the home program must also include activities that the member can do each day to meet his/her outcomes.</p> <p>b. The home program must be part of the member’s daily routines. <i>A new Section 4.2</i></p> <p>c. The home program must be reviewed and updated by the therapist as part of all treatment sessions. <i>A new Section 4.3</i></p> <p>d. The home program must be documented in each quarterly report including progress, oversight, changes, and/or additions. <i>A new Section 4.4</i></p>	<p>training when professional skills are required to implement the outcomes of the member’s planning document.</p> <p>7. <i>The previous Section 5.2 which requires the therapist to maintain contact notes for each session and provides them to the Division is moved to create a new Section 2 in Recordkeeping and Reporting Requirements.</i></p> <p>8. <i>The previous Sections 6, 6.1-6.7 are moved to create new Sections 1, 1.1-1.7 in Service Goals.</i></p>	<p>7. The therapist must cooperate with the Support Coordinator to ensure that the ISP for this service includes 1) identification of the appropriate service delivery setting; 2) how progress on the ISP functional outcomes is to be measured, (3) methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes; and 4) the potential for developing the consumer’s natural supports and non-paid relationships to assist the consumer in acquiring and maintaining skills that maximize the consumer’s benefit from therapy intervention. <i>The previous Sections 7, 7.1, 7.2, 7.3, and 7.4</i></p>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Service Utilization Information	<ol style="list-style-type: none"> The outcomes identified in the member’s planning document support the model of service delivery. <i>A new Section 2</i> The therapist must make recommendations for needed equipment, possible adaptations, and repairs and supports the member in its use. <i>Section 8 (previously Section 6)</i> 		<ol style="list-style-type: none"> The first statement in the section, “This service is for consumers over age three (3)”, is moved to <i>Section 1 of Service Requirements and Limitations</i>. <i>Section 6 (previously Section 5)</i>: The second sentence of the requirement pertaining to service delivery methods, times, days and locations and meet the requirements of the member, the member’s representative, and his/her caregivers is moved to a new <i>Section 7</i>. The <i>previous Section 6</i> requirement that the therapist monitors any equipment is moved to create a new <i>Section 8.1</i>. <ol style="list-style-type: none"> The language “that supports the member’s outcomes related to their discipline” is added. The words “as appropriate” are deleted. The section now reads, “The therapist monitors any equipment that supports the member’s outcomes related to their discipline.” 	The following language in <i>Section 1</i> : “ISP shape the”.
Direct Service Staff Qualifications	<ol style="list-style-type: none"> A Speech-Language Pathology Assistant (“SLPA”) may provide the direct service <i>The new Section 1.1</i> A Speech-Language Pathologist that utilizes a licensed SLPA must adhere to the supervision licensure requirements 			<ol style="list-style-type: none"> <i>The previous Section 3</i> which referred to Laws 2006, Chapter 390 creating A.R.S. § 36-1940.04 for licensing SLPAs to be supervised by licensed Speech-Language Pathologists and final rule R9-16-1501 <i>et seq.</i>

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>of A.R.S. § 36-1940.01 (E), (F), and (G). <i>A new Section 1.1.1(a).</i></p> <p>3. Each Speech-Language Pathologist and SLPA must have an NPI. <i>A new Section 1.2</i></p> <p>4. The Qualified Vendor and/or appropriate staff must attend administrative meetings, orientation, and various trainings required by the Division. <i>A new Section 2</i></p>			<p>2. <i>The previous Section 4</i> which required that SLPA’s, prior to service delivery, must:</p> <ul style="list-style-type: none"> a. Be licensed by ADHS. <i>The previous Section 4.1</i> b. Obtain an AHCCCS provider identification number from AHCCCS Provider Registration. <i>The previous Section 4.2</i> c. Claims for services provided by an SLPA must include the AHCCCS Provider Identification number and NPI number. <i>The previous Section 4.4</i> d. A Speech Therapist may not be listed as the treating provider if the service was provided by the SLPA. <i>The previous Section 4.5</i> <p>3. Claims for services provided by an SLPA include the individual provider’s AHCCCS Provider Identification number and NPI number. <i>The previous Section 5</i></p> <p>4. A Speech Therapist may not be listed as the treating provider if the service was provided by an SLPA. <i>The previous Section 6</i></p>
Recordkeeping and Reporting Requirements	<p>1. The Qualified Vendor must submit an evaluation report to the member/ member’s representative and the PCP</p>	<p><i>Section 3 (previously Section 2) is changed:</i> Submission of quarterly individualized progress reports on members:</p>	<p>1. <i>The previous Section 5.2 in Service Objectives</i> which requires the Qualified Vendor to ensure that the therapist</p>	<p>1. The language, “the relationship between the service and the outcome it is intended to achieve as identified on</p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>within three (3) weeks of completion of the evaluation. <i>Section 1</i></p> <p>2. The Qualified Vendor must submit a discharge summary to the member’s Support Coordinator, the member/ member’s representative, and the member’s PCP no later than the tenth (10th) business day (rather than fourteen days) after closure of services or a change of a Qualified Vendor. <i>Section 4 (previously Section 8)</i></p> <p>a. The content of the discharge summary report must include, at a minimum, the Division’s discharge summary reporting requirements as identified on the Quarterly Therapy Progress/Discharge Report form. <i>A new Section 4.1</i></p> <p>3. Proof of Hours Worked [<i>Section 5 (previously Section 3)</i>]:</p> <p>a. The Qualified Vendor must maintain <u>daily records</u> on file <u>as proof of the number of hours worked by each direct service staff (therapist, <u>therapy assistants providing direct service to members</u>.</u></p> <p>b. A data system is added as another method for recording the proof of hours worked by direct service staff.</p> <p>c. Each time sheet, equivalent document, or data system must</p>	<p>1. Language is added which requires the Qualified Vendor to submit quarterly individualized progress reports to the member’s representative and PCP.</p> <p>2. Language is added to clarify that the quarter is based on the member’s annual planning cycle.</p> <p>3. Language is changed to require that the Qualified Vendor submit the first quarterly progress report no later than the fifteenth (15th) day, rather than within thirty (30) days, following the end of the quarter in which the service is initiated.</p> <p>4. Language is added to clarify that subsequent quarterly progress reports must be submitted no later than the fifteenth (15th) day following the end of the quarter.</p>	<p>maintains contact notes for each therapy session and submits the notes to the Division, as requested, is moved here <i>to create a new Section 2.</i></p> <p>2. <i>The previous Section 8</i> which requires the Qualified Vendor to submit a discharge summary is moved here to <i>replace Section 4.</i></p> <p>3. <i>The previous Section 8</i> which requires the Qualified Vendor to provide and maintain current information about availability, capacity, and contact information in the Division’s Therapy Directory as directed by the Division is moved here to <i>replace Section 4.</i></p>	<p>the ISP and adhere to” is removed from <i>the new Section 3.1 (previously Section 2).</i></p> <p>2. If the therapist is asking for verification of “on behalf of time,” the consumer must be provided with detail as to those activities. “On behalf of” does not include report writing as that activity has been calculated as a factor in the published rate. <i>Section 5.1 (previously Section 3)</i></p> <p>3. In order to continue the service, the Qualified Vendor must review and document in each quarterly report the consumer’s progress toward the outcomes, including the strengths and challenge of the consumer, family, caregivers or others. <i>The previous Section 4</i></p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<div>contain the original signature or other independent verification of the member/member’s representative after service delivery confirming hours worked.</div> <div>d. The proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.</div> <div><i>A new Section 5.1</i></div>			

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

TRANSITION TO EMPLOYMENT

This is a new service being proposed by the Division. The service specification is posted for review and public comment.

DIVISION OF DEVELOPMENTAL DISABILITIES (“DDD”)

OVERVIEW OF KEY CHANGES BEING PROPOSED TO THE RFQVA AND QVA

SECTION 7: SERVICE SPECIFICATIONS

TRANSPORTATION

SECTION	REQUIREMENTS / STIPULATIONS
	Added
Service Objectives	<div>1. The Qualified Vendor must ensure that vehicle is equipped with a working heating and air conditioning system and a first aid kit. <i>Section 7</i></div> <div>2. The Qualified Vendor must ensure that persons transporting members using a wheelchair shall have documentation that they have completed orientation on appropriate use of floor-mounted seat belts, wheelchair lock-downs, and wheelchair lifts. <i>A new Section 10.1</i></div>
Recordkeeping and Reporting Requirements	<div>1. “On demand” transportation:<div>a. The Qualified Vendor must ensure that records include the pick-up and drop-off address of the member.</div><div>b. The Qualified Vendor must have procedures in place to ensure members board and unboard at the appropriate times and locations, and that no member is left unattended.</div></div> <div>2. “Scheduled” transportation:<div>a. The Qualified Vendor must ensure that the member is transported in accordance with the member’s planning document.</div><div>b. The Qualified Vendor must ensure that procedures are in place to ensure members board and unboard at the appropriate times and locations, and that no member is left unattended.</div></div>

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SECTION 8: MAP OF DDD DISTRICTS 2013

1. The title of this section is **changed** to “Maps of DDD Districts as of August 2011”.
2. Page 1 is **replaced** with an Arizona Overview of DDD District Boundaries.
3. Five **new pages are added** reflecting the boundaries for DDD District Central, West, East, North, and South.

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SECTION 9: ATTACHMENTS			
Section 9 – ATTACHMENT A, APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD			
<ul style="list-style-type: none">Replaced with the current version.			
Section 9 – ATTACHMENT E, HARDCOPY VERSION OF ASSURANCES AND SUBMITTALS			
<ul style="list-style-type: none">This attachment is removed and replaced with the DES <i>Data-Sharing Request/Agreement</i> (“J-119”).All Applicants are required to complete, sign, and submit the <i>Data Sharing Request/Agreement</i> as part of the Application for a QVA. Existing Qualified Vendors will be required to complete, sign, and submit the <i>Data Sharing Request/Agreement</i> to the DDD Contract Management Unit no later than twenty (20) business days following the date on which the Amendment to RFQVA # DDD 710000 goes into effect. The Qualified Vendor will receive a copy of the <i>Data Sharing Request/Agreement</i> once all required signatures have been obtained. The Applicant/Qualified Vendor is still required to complete the <i>Qualified Vendor Application Assurances and Submittals Form</i> in Section 3 of the QVADS.The Division is proposing the following changes to the <i>Qualified Vendor Application Assurances and Submittals Form</i>:			
QUALIFIED VENDOR APPLICATION ASSURANCES AND SUBMITTALS FORM (SECTION 3 IN QVADS)			
Added	Clarified/Changed	Moved	Removed
<div>1. References to Qualified Vendor are added throughout the Assurances and Submittals.</div> <div>2. <i>To Assurance 3 (previously Assurance 5):</i> The term “Key Personnel” is defined.</div> <div>3. <i>A new Assurance 5:</i> Has the Applicant/Qualified Vendor or any of its Key Personnel been a party to any litigation relating to community developmental disability services or similar services in Arizona or in any other state within the past five (5) years?</div> <div>4. <i>A new Assurance 5.1:</i> If yes, Submit a detailed description of such lawsuits.</div> <div>5. <i>Assurance 11 (previously Assurance 20):</i><div>a. The following language is added: “or against any entity affiliated by common</div></div>	<div>1. <i>Assurance 1 is changed:</i> “Any licenses” from the previous Item 3 is added.</div> <div>2. <i>Assurance 2 is changed:</i> “Any licenses” from the previous Item 4 is added.</div> <div>3. <i>Starting with Assurance 3 (previously Assurance 5) and throughout the Assurances and Submittals,</i> the language “directors, officers, owners, or managers” is deleted and as they are now subsumed in the reference to “key personnel”.</div> <div>4. <i>Assurance 4 (previously Assurance 6) is changed:</i></div>	<div>1. <i>The previous Assurance 14</i> replaces <i>Assurance 10</i>.</div> <div>2. <i>The previous Assurance 15</i> becomes a <i>new Assurance 10.2</i>.</div> <div>3. <i>The previous Assurance 18</i> replaces <i>Assurance 26</i>.</div> <div>4. <i>The previous Assurance 11</i> replaces <i>Assurance 6 (previously Assurance 7)</i>.</div>	<div>1. <i>The previous Assurance 3.</i></div> <div>2. <i>The previous Assurance 4.</i></div> <div>3. <i>From Assurance 8 (previously Assurance 9):</i> The language “within the past 15 (fifteen) years”. The item now reads, “Has the Applicant/ Qualified Vendor or any of its Key Personnel been convicted of a felony?”</div>

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<p>ownership or directorship with the Applicant/Qualified Vendor”.</p> <p>b. The terms “common ownership” and “common directorship” are defined.</p> <p>6. <i>Assurance 12 (previously Assurance 13):</i> The language “or any of its Key Personnel” is added.</p> <p>7. <i>Assurance 16 (previously Assurance 17):</i> The language “or any amendment to the QVA” is added.</p> <p>8. <i>Assurance 10 (previously Assurance 14):</i> A new item # 10.1 is added. A new Assurance 10.2.1 is added: If yes, submit an explanation.</p> <p>9. <i>Assurance 11 (previously Assurance 20):</i></p> <p>a. The following language is added: “or against any entity affiliated by common ownership or directorship with the Applicant/Qualified Vendor”</p> <p>b. The terms “common ownership” and “common directorship” are defined.</p> <p>10. <i>Assurance 18 (previously Assurance 22):</i></p> <p>a. <i>A new Assurance 18.1:</i> Does the Applicant/Qualified Vendor understand that service authorizations and payments may be withheld unless the Applicant/Qualified Vendor has provided acceptable proof of insurance coverage as required by Section 6.7.6 (Indemnification and Insurance) of the <i>DES/DDD Standard Terms and Conditions for Qualified Vendors</i>?</p> <p>b. <i>A new Assurance 18.2:</i> Does the Applicant/Qualified Vendor certify that it will submit any renewal or change to the Certificates of Insurance to the Division’s Contract Management Unit within ten (10) business days of renewal or change?</p> <p>c. <i>A new Assurance 18.3:</i> Does the Applicant/Qualified Vendor certify that the Applicant’s/Qualified Vendor’s Insurer or the Applicant/Qualified Vendor will provide the Division’s Contract Management Unit with a copy of all notices of insurance cancellation (including, but not limited to, notices issued prior to the effective date of cancellation) immediately upon issuance or receipt?</p> <p>11. <i>Assurance 19 (previously Assurance 24):</i></p> <p>a. <i>A new Assurance 19.2:</i> If yes, will the Applicant/Qualified Vendor provide all the required insurance for the subcontractor(s)?</p> <p>b. <i>A new Assurance 19.3:</i> If no to Assurance 19.2, does the Applicant/Qualified Vendor certify that it will obtain the required Certificates of Insurance from the subcontractor(s) and submit the certificates to the Division’s Contract Management Unit?</p> <p>c. <i>A new Assurance 19.4:</i> Does the Applicant/Qualified Vendor certify that its</p>	<p>a. The language “directors, officers, or owners” is deleted as they are now subsumed in the reference to “key personnel”.</p> <p>b. The language “been a party to” is added.</p> <p>c. The language “been involved in a contract lawsuit” is moved to a new Item 5.</p> <p>5. <i>Assurance 6 (previously Assurance 7) is changed:</i> The language “suits” is deleted and replaced with “court actions”.</p> <p>6. <i>A new Assurance # 12.1 is changed:</i> The statement “If yes, submit a court-approved corrective plan of action” is changed to “If yes, submit <i>the most recent or the final</i> court-approved order disposing of the case, including any court-approved plans.</p> <p>7. <i>Assurance 13 (previously Assurance 11) is changed:</i> The statement “If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation?” is changed to “<i>Is the Applicant/Qualified Vendor a corporation or other entity that is affiliated with another corporation or entity?</i>”</p> <p>8. <i>Assurance 17 (previously Assurance 19) is changed:</i></p> <p>a. The statement “The applicable document (as required in the Qualified Vendor Terms and Conditions) described below is submitted.” is changed to “<i>Does the Applicant/Qualified Vendor certify that it will comply with Section 6.3.3.2 (Audit) of the DES/DDD Standard Terms and Conditions for Qualified Vendors and prepare and submit to the Division the required financial reports according to the timeframe specified?</i>”</p> <p>b. <i>Items (1) and (2)</i> associated with the previous Item 19 are deleted.</p> <p>9. <i>A new Assurance 19.1. The statement is changed from:</i> “If yes, submit the following information about each subcontractor: subcontractor company name; subcontractor FEIN or Social Security Number (SSN); subcontractor contact name; and direct service(s) provided by the</p>	<p>5. <i>The previous Assurance 22</i> replaces <i>Assurance 18</i>.</p> <p>6. <i>The previous Assurance 23</i> replaces <i>Assurance 12 (previously Assurance 13)</i>.</p> <p>7. <i>The previous Assurance 24</i> is moved to <i>Assurance 19</i>.</p> <p>8. <i>The previous Assurance 29</i> is moved to <i>Assurance 23</i></p>	<p>4. <i>The previous Assurance 16.</i></p> <p>5. <i>The previous Assurance 21.</i></p> <p>6. <i>From the new Assurance 22.2 (previously Assurance 26):</i> The language, “Should the State suspect or find that the Applicant or any of its subcontractors are not in compliance the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the agreement by default, and suspension and/or debarment of the Applicant” as the Division may already take this action in stipulations contained in Section 6, <i>DES/DDD Standard Terms and Conditions for Qualified Vendors</i>.</p> <p>7. <i>The previous Assurance 30.</i></p>
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<p>subcontracts incorporate by reference the entirety of the QVA and the AHCCCS Minimum Subcontract Provisions?</p> <p>12. <i>Assurance 22 (previously Assurance 26):</i></p> <ol style="list-style-type: none"> “Key personnel” is added. <i>A new Assurance 22.1 is added:</i> Is the Applicant/Qualified Vendor providing services through subcontractors? <p>13. <i>Assurance 24 (previously Assurance 27):</i></p> <ol style="list-style-type: none"> <i>A new Assurance 24.1:</i> Does the Applicant/Qualified Vendor certify that before being employed or volunteering in a position that provides direct service to children or vulnerable adults, (1) persons shall certify on forms that are provided by the ADES whether an allegation of abuse or neglect was made against them and was substantiated, and (2), the completed forms shall maintained as confidential? <i>A new Assurance 24.2:</i> Does the Applicant/Qualified Vendor certify that a person awaiting receipt of the CPS Central Registry Background Check will be permitted to provide direct service to ADES clients only if the person has first completed and submitted the Direct Service Position certification and: (1) the person is not currently the subject of an investigation of child abuse or neglect in Arizona or any other state or jurisdiction, and (2) the person has not been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction, which resulted in a substantiated finding? <p>14. <i>A new Assurance 25:</i> As a registered provider with the Arizona Health Care Cost Containment System Administration (“AHCCCSA”), does the Applicant/Qualified Vendor certify that it will fulfill the obligation under 42 CFR § 1001.1901(b) to screen all employees, contractors, and/or subcontractors no less frequently than monthly to determine whether any of them have been excluded from participation in federally-funded health care programs by checking the following databases and any other such databases that may be prescribed?</p> <ol style="list-style-type: none"> <i>A new Assurance 25.1:</i> The LEIE, which may be accessed at http://www.oig.hhs.gov/fraud/exclusions.asp? <i>A new Assurance 25.2:</i> The SAM, which may be accessed at https://www.sam.gov/portal/public/SAM/? <p>15. <i>A new Assurance 27:</i> Did a consultant assist the Applicant in completing the Application or assist the Qualified Vendor in preparing an amendment to the awarded</p>	<p>subcontractor.” to “If yes, submit information about each subcontract as required in Section 6.6.3.2 (Subcontracts) of the <i>DES/DDD Standard Terms and Conditions for Qualified Vendors</i>?”</p> <p>10. <i>The previous Assurance 25</i> pertaining to not having scrutinized business operations in Sudan or Iran has been changed to create two items:</p> <ol style="list-style-type: none"> The Assurance pertaining to Sudan is moved to <i>replace Assurance 20</i>. <ol style="list-style-type: none"> Language is added to clarify “business operations” and “scrutinized”. The Assurance pertaining to Iran is moved to become a <i>new Assurance 21</i>. <ol style="list-style-type: none"> Language is added to clarify “business operations” and “scrutinized”. <p>11. <i>Assurance 24.3 (previously Assurance 28) is changed:</i> The statement “Does the Applicant certify that individuals shall not provide direct services to ADES clients until the results of the Central Registry background check are complete and the results indicate the individual has no disqualifying acts that would prohibit him/her from providing services to ADES clients? If the Central Registry background check specifies any disqualifying act, the individual shall be prohibited from providing direct services to ADES clients.” is changed to “Does the Applicant/Qualified Vendor certify that if the Central Registry Background Check specifies any disqualifying act and the person does not have a Central Registry exception, the person shall be prohibited from providing direct services to ADES clients?”</p>		
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<p>QVA? If yes, list the name(s) and affiliation(s) (i.e., company/business name) of each consultant.</p> <p>16. <i>A new Assurance 28:</i> Did the Applicant/Qualified Vendor use another Application for a QVA and/or an awarded QVA as a resource in preparing this Application or an amendment to the QVA. If yes, list the name(s) of each Applicant that submitted an Application and/or the name(s) of each awarded QVA that was used as a resource.</p>			
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SECTION 9: ATTACHMENTS

Section 9 – ATTACHMENT F, VENDOR SUPPORTED DEVELOPMENTAL HOME THIRD-PARTY AGREEMENT

The name of the Agreement is changed to: Qualified Vendor Supported Developmental Home Agreement

SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
A New Section # I is added to the introductory paragraph	The Developmental Home Provider name must match the name listed on the Developmental Home License issued by OLCR. <i>A new footnote</i>		
Section II: The Qualified Vendor for Vendor Supported Developmental Home (Child and Adult)	<div>1. The Qualified Vendor must enter into a subcontract with the Developmental Home Provider for direct services under the QVA.<div>a. The subcontract shall incorporate by reference the QVA.</div><div>b. The Qualified Vendor shall provide copies of the subcontract relating to the provision of QVA service(s) to the Division upon request.</div><div>c. The Qualified Vendor shall be legally responsible for QVA performance.</div><div>d. The subcontract may not operate to terminate or limit the legal responsibility of the Qualified Vendor to assure that all activities carried out by the Developmental Home Provider conform to the requirements of the QVA.</div><i>A new Section A</i></div> <div>2. The Qualified Vendor’s monitoring of its developmental homes for compliance with all applicable requirements must be made available to the Division upon request. <i>Section S</i></div> <div>3. The Qualified Vendor must cooperate with other Qualified Vendors in transferring the Developmental Home Provider’s license by sharing licensing information with the new vendor and releasing licensing records (with appropriate consent from the Developmental Home Provider) to the new vendor. <i>A new Section X</i></div> <div>4. The Qualified Vendor must ensure that the information regarding the physical location of the</div>		<i>Section P</i> which prohibits the Developmental Home Provider from being released to another Qualified Vendor while under a Corrective Action Plan unless all parties (the provider, both Qualified Vendors and the Department) are in agreement and state such writing, signed and dated <i>as this requirement is contained in Section W.</i>

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	developmental home that is entered into QVADS is updated as necessary to ensure the information is current and accurate. <i>Section V</i>		
Section III: The Developmental Home Provider	<ol style="list-style-type: none"> The Developmental Home Provider must provide opportunities for member(s) to interact socially with the host family and their own family. <i>Section D</i> The Developmental Home Provider must assist the member in achieving and maintaining a quality of life that promotes the member’s priorities. <i>Section E</i> The Developmental Home Provider shall provide appropriate supervision to meet the member’s individual needs. <i>Section F(vi)</i> The Developmental Home Provider is responsible for providing transportation of the member, including fees associated with transportation. <i>Section J</i> The Developmental Home Provider must ensure that his/her job, profession, or other obligations do not conflict with or limit appropriate supervision of the member. <ol style="list-style-type: none"> The Developmental Home Provider is responsible for the member on a 24/7/365 basis (allowing for school, day programs, and respite). <i>A new Section N</i> 	<i>Section J is changed:</i> Language which requires the Developmental Home Provider to “provide” transportation is replaced with “Arrange and plan for” transportation to support the member in all daily living activities.	
Section IV: Division of Developmental Disabilities Vendor Supported Developmental Home Terms and Conditions	<ol style="list-style-type: none"> Records: The Developmental Home Provider must retain all data and other records relating to the acquisition and performance of the QVA for a period of six (6) years after the completion of the QVA if subject to the HIPAA. <i>Section F</i> Code of Conduct: The Developmental Home Provider must: <ol style="list-style-type: none"> Represent themselves, their credentials, and their relationships accurately to members and others in 		The Developmental Home Provider must bear all loss of conforming material covered under this Agreement until received by authorized personnel at the location designated in the Agreement, that mere receipt does not constitute final acceptance, and that the risk of loss for

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<p>the community;</p> <p>b. Participate as appropriate in the planning process (e.g., ISP), including the implementation of plan objectives;</p> <p>c. Maintain member privacy and confidential information in conformity with Federal and State law, rule and policy;</p> <p>d. Ensure that all individuals who participate in this Agreement have been trained and have affirmed their understanding of Federal and State law, rule and policy regarding confidential information;</p> <p>e. Ensure that members receiving service are safely supervised and accounted for;</p> <p>f. Act in a professional manner, honor commitments, and treat members and families with dignity and respect;</p> <p>g. Display a positive attitude;</p> <p>h. Have absolute zero tolerance for the following: sexual activity with members and family members; employ authority or influence with member and families for the benefit of a third party; exploit the member’s trust in the Developmental Home Provider; or accept any commission, rebates, or any other form of remuneration except for payments by the Qualified Vendor.</p> <p><i>A new Section H</i></p> <p>3. Advising or Advocating on Behalf of a Member: The Developmental Home Provider must comply with the requirements under 42 C.F.R. § 438.102 and the intergovernmental agreement between the Division and the AHCCCSA.</p> <p>a. The Division may not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising, or advocating on behalf of a member who is authorized to receive services from the provider for the following:</p> <p>i. The member’s health status, medical care, or treatment options including any alternative treatment that may be self-administered.</p> <p>ii. Any information the member needs in order to decide among all relevant treatment options.</p> <p>iii. The risks, benefits, and consequences of treatment or no treatment.</p> <p>iv. The member’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.</p> <p><i>A new Section I</i></p> <p>4. Limited English Proficiency: The Developmental Home Provider must ensure that all services provided are culturally relevant and linguistically appropriate to the population to be served following Department Policy, Limited English Proficiency, DES 1-01-34.</p> <p><i>A new Section K</i></p>		<p>nonconforming materials shall remain with the Developmental Home Provider regardless of receipt.</p> <p><i>Section G, Risk of Loss</i></p>

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SECTION	REQUIREMENTS / STIPULATIONS		
	Added	Clarified/Changed	Removed
	<div>5. Warranty of Services: The Qualified Vendor and the Developmental Home Provider, by execution of this Agreement, to warrant that it has the ability, authority, skill, expertise, and capacity to perform the services specified in the Agreement. <i>A new Section L</i></div> <div>6. Certification of Truthfulness of Representation: The Qualified Vendor and the Developmental Home Operator, by signing this Agreement, must certify that 1) all representations set forth herein are true to the best of its knowledge; and 2) it will maintain all representations, comply with all covenants, and perform all duties throughout the term of the Agreement. <i>A new Section M</i></div> <div>7. The Applicant and the Qualified Vendor is required to complete this Agreement on each of its Developmental Home Providers and return it to the Division’s Contract Management Unit.</div>		

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SECTION 9: ATTACHMENTS

Section 9 – ATTACHMENT G, CENTRAL REGISTRY SEARCH REQUEST

- Central Registry Search Request Form is replaced with a current version which requires the form be submitted directly to the DDD.

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SECTION 9: ATTACHMENTS

Section 9 – ATTACHMENT H, BUSINESS PLAN

Scoring is added to the Business Plan Outline. The maximum points that can be awarded is 100.

SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
Introduction	The business plan must include, at a minimum, the components listed in Attachment H.	The present requirement that the Applicant must submit a business plan as part of the Application if a newly formed Arizona business is changed. A business plan is now required as part of the Application for <u>all</u> Applicants.	That the Applicant should be mindful of formatting, professionalism (e.g., appearance, grammar, mathematics, and spelling) and readability is moved from “Overall Plan” to this section.	
Overall Plan				This section is removed and contents moved to the introduction.
Cover Page	<p>This is a new section.</p> <p>This section is to include the following information:</p> <ul style="list-style-type: none">a. Company Nameb. Ownerc. Director/Managerd. Addresse. Phone Numberf. Fax Number (<i>optional</i>)g. Email Addressh. Website Address (<i>optional</i>)i. Logo (<i>optional</i>)			

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	The maximum points that can be awarded for this section is 3.			
Table of Contents	<p>This is a new section.</p> <p>No points are awarded for this section.</p>			
Executive Summary	<p>Completion of this section is mandatory.</p> <p>4 out of 6 subtopics listed must be addressed:</p> <ol style="list-style-type: none"> 1. This section is typically no longer than three pages and describes the fundamentals of the company and the reason it was formed. 2. Identify the purpose and the unique features of the company. 3. Include a summary of the company’s three-year business perspective. 4. Specify what the management team hopes to accomplish. 5. List the percentage of your business that you anticipate to be funded by the Division. 6. Summarize any existing business affiliations and other lines of business. <p>Maximum points possible: 12</p>	<p>This requirement is changed from a five-year business prospective to a three-year.</p>		
General Company Description	<p>This is a new section. Previously it was incorporated into the “Executive Summary” section.</p> <p>Completion of this section is mandatory.</p> <p>4 out of 6 subtopics listed must be addressed:</p> <ol style="list-style-type: none"> 1. Mission statement 2. Company’s goals and objectives 3. Business philosophy 4. Company’s unique features 5. Legal form of ownership (e.g., Sole Proprietorship, Limited Liability Company, Corporation, Limited Liability Partnership) 		<p>Industry profile previously in the Marketing Plan section is moved to here.</p>	

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>6. Location of administrative office(s)</p> <p>Maximum points possible: 5</p>			
Management and Organization	<p>Completion of this section is mandatory.</p> <p>All 5 subtopics listed must be addressed:</p> <ol style="list-style-type: none"> 1. Identify the management hierarchy, including the key management positions overseeing the primary functions of the company, the primary duties of each of these key management positions, and the business experience of the employees occupying these positions; include organizational chart(s). 2. Descriptions for all other positions in the organization, including primary job duties and assigned responsibilities. 3. Identify professional and advisory support (e.g., consultants, board of directors). 4. Include resumes of owner(s) and key positions. <p>Maximum points possible: 20</p>	<p>Key positions and responsibilities are expanded.</p>		
Services	<p>Completion of this section is mandatory.</p> <p>All 4 subtopics listed must be addressed:</p> <ol style="list-style-type: none"> 1. Description of proposed services. 2. Geographic area in which services will be provided (e.g. Bisbee, Globe/Miami, Parker, Window Rock, Yuma). 3. Environment in which services will be provided (e.g. individual’s home, provider’s home, in a facility, in the community). 4. Rates for the services to be provided (reference the Division’s RateBook). <p>Maximum points possible: 10</p>	<p>Geographic intent is clarified.</p>	<p>Pricing which was previously in the</p>	

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
			Marketing Plan section is moved to here.	
Operating and Control Systems	<p>Completion of this section is mandatory.</p> <p>Must address both subtopics:</p> <ol style="list-style-type: none"> 1. Demonstrate understanding and importance of control systems (the procedures used to monitor services and system performance and to define and implement actions that will result in service and system improvements). 2. Identify systems in place to minimize liability and risks (e.g., personnel, training, transportation, certification requirements, insurance requirements, and service delivery). 3. Contingency plan if scheduled service(s) cannot be provided. <p>Maximum points possible: 20</p>	<p>This section is now called “Operational and Quality Management”.</p>		
Financial Plan	<p>Completion of this section is mandatory.</p> <p>All 5 subtopics listed must be addressed:</p> <ol style="list-style-type: none"> 1. Identify sufficient operating capital for a minimum of three (3) months with no funding from the Division; provide supporting documentation that demonstrates access to the funding. 2. Describe anticipated expenses (e.g., payroll, training, certification, insurance, third-party collections, and facility costs) that will occur for operation and revenues for a three-year period. (e.g., break-even analysis, projected cash flow). 3. Include a plan for phase-in and start-up considerations for each service that demonstrates an understanding of the proposed area of service delivery, the demand for the services in the area, the existing competition in the area, and understanding of the Division’s rate structure in the 	<p>Language has been added to further clarify this area.</p>		<p>The requirement to describe bankruptcies, liens, and judgments and resolution and/or releases. This requirement is contained in Section 3 of QVADS in the <i>Qualified Vendor Assurances and Submittals Form</i>.</p>

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SECTION	REQUIREMENTS / STIPULATIONS			
	Added	Clarified/Changed	Moved	Removed
	<p>published RateBook.</p> <p>4. Identify contingency plan if forecasted service delivery levels are not met.</p> <p>5. Financial documents are mathematically correct.</p> <p>Maximum points possible: 20</p>			
Marketing Plan	<p>Completion of this section is mandatory.</p> <p>1 out of 3 subtopics listed must be addressed:</p> <p>1. Market research: For each proposed service describe the need for the service in the area, the existing competition, and the projected need for the service).</p> <p>2. Description of recruitment process which addresses member choice.</p> <p>3. Description of recruitment process for direct care staff.</p> <p>Maximum points possible: 5</p>		<p>Competition which was previously in the Marketing Plan section is moved to here.</p>	
Growth Plan	<p>This is a new section.</p> <p>Completion of this section is mandatory.</p> <p>1 out of 2 subtopics listed must be addressed:</p> <p>1. Reflects a reasonable pace at which the Applicant plans to increase proposed service capacity including geographic area.</p> <p>2. Identify potential new services the agency plans for continued growth including geographic area and financial requirements.</p> <p>Maximum points possible: 5</p>			

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SECTION 9: ATTACHMENTS

Section 9 – ATTACHMENT I, CONTRACTORS PANDEMIC PLANNING CHECKLIST

- The Contractors Pandemic Planning Checklist is **changed**:
 1. The name of the attachment is changed from “Contractors Pandemic Planning Checklist” to “Contingency Plan”.
 2. The outline which presented 1) key succession and performance planning if there is a sudden significant decrease in the contractor’s workforce along with suggested components, 2) alternative methods to ensure there are services or products in the supply change along with suggested components, and 3) an up-to-date list of company contacts and organizational chart along with suggested components, is replaced with the requirements for the plan from Section 6.12.1 and 6.12.2 of the *DES/DDD Standard Terms and Conditions for Qualified Vendors*.
 3. The Qualified Vendor must have a written Contingency Plan that addresses the requirements of 1) a Business Continuity Plan, and 2) a Pandemic Performance Plan.
 4. The Contingency Plan must be submitted as part of the Application for a QVA and is subject to the approval of the Division.
 5. The Qualified Vendor must submit any amendment to the plan to the Division for approval within ten (10) business days.
 6. The State may require a copy of the plan at any time prior to or post award of the QVA.

Section 9 – ATTACHMENT K, UTILIZATION DATA

The utilization data is updated and reflects utilization of services by District for FY 2013.